

ARTICLE II

HEALTH AND HUMAN SERVICES

Section 1. The several sums of money herein specified, or so much thereby as may be necessary, are appropriated out of any funds in the State Treasury not otherwise appropriated, or out of special funds as indicated, for the support, maintenance, or improvement of the designated health and human services agencies.

DEPARTMENT ON AGING

	For the Years Ending	
	August 31, 1996	August 31, 1997
A. Goal: PREVENTIVE/LONG-TERM CARE		
To enable older Texans to live dignified, independent, and productive lives within a safe living environment through an accessible, locally-based, comprehensive and coordinated continuum of preventive care and long-term care.		
Outcomes:		
Percent of Older Population Receiving at Least One Service	10.54%	10.51%
Percent of Older Population Receiving Services Who are Hispanic	33.05%	34.11%
Percent of Older Population Receiving Services Who are African-American	11.03%	10.93%
Percent of Older Population Receiving Services Who are Below the Poverty Level	61.21%	62.14%
Percent of Older Population Receiving Services Who are Moderately to Severely Impaired	23.33%	23.49%
Percent of 60+ Population in Nursing Homes (Annual)	3.97%	3.97%
Percent of Nursing Homes With Functioning Family Councils	41%	42%
 A.1.1. Strategy: ACCESS AND ASSISTANCE		
Provide a statewide, locally-based system of information and assistance which includes provision of information, case management, referrals and assistance by or on behalf of older persons, statewide implementation of "Options for Independent Living" (targeted community-based services), and advocacy for the removal of barriers to service for all eligible Texans.	\$ 4,695,301	\$ 4,683,698
Outputs:		
Number of Information and Assistance Inquiries	130,000	130,000
Number of People Receiving Case Management	12,000	12,000
Number of People Assisted Through the Options for Independent Living Program	5,500	5,500
Efficiencies:		
Cost per Case Management Hour	34.92	35.86
Cost per Client Assisted Through Options for Independent Living	682	711
 A.1.2. Strategy: NUTRITION SERVICES		
Provide a statewide, locally-based system of meals designed to promote good health and to prevent illness.	\$ 37,829,345	\$ 38,065,998

DEPARTMENT ON AGING
(Continued)

Outputs:

Number of People Receiving Congregate Meals	131,675	128,549
Number of Congregate Meals Provided	8,117,325	7,924,357
Number of People Receiving Home Delivered Meals	68,994	70,721
Number of Home Delivered Meals Served	6,510,956	6,673,894

Efficiencies:

Cost per Congregate Meal	2.18	2.24
Cost per Home Delivered Meal	2.55	2.62

A.1.3. Strategy: IN-HOME SERVICES \$ 3,071,729 \$ 3,070,883

Provide a statewide, locally-based system of services designed to assist with daily living through the provision of personal assistance and homemaker services.

Outputs:

Number of People Receiving Homemaker Services	4,185	4,075
Number of People Receiving Personal Assistance	1,026	994

Efficiencies:

Cost per Homemaker Hour	6.42	6.59
Cost per Personal Assistance Hour	8.73	8.97

A.1.4. Strategy: ELDER RIGHTS SERVICES \$ 1,789,521 \$ 1,787,157

Provide a statewide, locally-based system of services designed to uphold the rights of the vulnerable elderly through nursing home ombudsman services, elder abuse awareness efforts, and legal assistance benefits counseling.

Outputs:

Number of People Receiving Emergency Response Services	818	797
Number of Nursing Home Beds per Ombudsman	198	190
Number of People Receiving Legal Assistance Services	15,489	15,954

Efficiencies:

Cost per Person Receiving Legal Assistance Services	31.08	31.92
Cost per Person Receiving Emergency Response Services	146.83	150.79

A.1.5. Strategy: PERSONAL INDEPENDENCE \$ 9,777,304 \$ 9,776,659

Provide a statewide, locally-based system of services designed to increase personal independence, including transportation, health promotion activities provided through senior centers, adult day care, assisted living arrangements, and residential repair.

Outputs:

Number of One Way Trips (Demand Response Transportation Services)	2,150,000	2,200,000
Number of People Receiving Adult Day Care	277	270
Number of Homes Repaired/Modified	1,115	1,131

Efficiencies:

Cost per One Way Trip	3.97	3.89
Cost per Modified Home	286	282

A.1.6. Strategy: VOLUNTEER AND EMPLOYMENT \$ 5,522,139 \$ 5,521,414

Provide a statewide, locally-based system of services designed to provide opportunities for increased personal productivity through community service volunteering and subsidized employment services.

DEPARTMENT ON AGING
(Continued)

Outputs:		
Number of People Served in Employment Services	876	876
Number of People Placed in Unsubsidized Employment		
Following Program Enrollment	172	172
Number of RSVP Volunteers	30,400	30,400
Efficiencies:		
Cost per Person Served in Employment Services	5,842	5,842
Cost per RSVP Volunteer	15.5	15.5
Total, Goal A: PREVENTIVE/LONG-TERM CARE	<u>\$ 62,685,339</u>	<u>\$ 62,905,809</u>
B. Goal: DIR & INDIR ADM/SUP COSTS		
Direct and Indirect Administrative and Support Costs		
B.1.1. Strategy: DIR & INDIR ADM/SUPP COST	<u>\$ 2,324,452</u>	<u>\$ 2,341,481</u>
Direct and Indirect Administrative and Support Costs		
Grand Total, DEPARTMENT ON AGING	<u>\$ 65,009,791</u>	<u>\$ 65,247,290</u>
Method of Financing:		
General Revenue Fund	\$ 6,854,445	\$ 6,854,445
Federal Funds	58,075,346	58,312,845
Earned Federal Funds	<u>80,000</u>	<u>80,000</u>
Total, Method of Financing	<u>\$ 65,009,791</u>	<u>\$ 65,247,290</u>
Number of Positions (FTE)	39.0	39.0
Schedule of Exempt Positions and Per Diem of Commission Members		
Executive Director, Group 2	\$55,697	\$55,697
Per Diem of Commission Members	4,400	4,400

1. **Data on RSVP Matching Funds Required.** It is the intent of the Legislature that the Department on Aging maintain data on the amount of matching funds required for federal grants to local retired senior volunteer programs. The department shall submit to the Legislative Budget Board and the Governor's Budget Office by October 1 of each fiscal year, a report in such detail as the two budget offices may require.
2. **Unit Cost Reporting Required.** It is the intent of the Legislature that the Texas Department on Aging maintain a reporting system that clearly and accurately identifies the unit cost of each service provided by each Area Agency on Aging for all strategies except A.1.6. Strategy: Volunteer and Employment, and that the results of this unit cost reporting be provided to the Legislative Budget Board and the Governor's Budget Office semi-annually and in a form that the two budget offices may require.
3. **Memorandum of Agreement: Options for Independent Living Program.** It is the intent of the Legislature that, in establishing the Options for Independent Living program, the Texas Department on Aging will maintain a Memorandum of Agreement with the Texas Department of Human Services which specifies that there will be no duplication of services to elderly clients served by the "Options" program and elderly clients served by the Texas Department of Human Services.

DEPARTMENT ON AGING
(Continued)

4. **Expenditure Authority.** The Texas Department on Aging is authorized to expend all funds collected from September 1, 1995 through August 31, 1997, and placed in a special account established by the Texas Housing Finance Corporation. The funds shall be expended for the purposes stated within Section 349.902, Local Government Code, and Section 101.022, Human Resources Code, as amended.
5. **Allocation of Funds:**
 - a. **Local Services/Grants.** Of the general revenue amounts appropriated above an amount not less \$800,000 each year of the 1996-97 biennium shall be allocated for services provided by the Options for Independent Living program. Additionally, an amount of general revenue not less than \$1,591,875 each year of the 1996-97 biennium shall be used for the provision of home-delivered meals.
 - b. **Transfer Authority.** No transfers shall be made from Strategy A.1.2., Nutrition Services, unless necessary to maximize federal funds or to approve a locally-proposed area plan.
6. **Senior Texans Employment Program.** From the funds appropriated above, the Department on Aging will provide general revenue funds for the Senior Texans Employment Program in each year of the biennium in an amount not less than that provided in the year ending August 31, 1991.
7. **Area Agencies on Aging.** It is the intent of the Legislature that if the Department on Aging plans to alter local planning and service areas in effect on September 1, 1995, that the department receive approval from the Health and Human Services Commission and that the Governor and the Legislative Budget Board be notified before the adoption of such plans.
8. **Coordination of Community Services.** It is the intent of the Legislature that the Texas Department on Aging shall coordinate with the Texas Department of Human Services to provide a continuum of community-based services for elderly persons formerly served by the Frail Elderly Program.

COMMISSION ON ALCOHOL AND DRUG ABUSE

	For the Years Ending	
	August 31, 1996	August 31, 1997
A. Goal: PREVENTION & TREATMENT		
To effect a fundamental change in attitudes and behaviors concerning the use of alcohol and other drugs and problem gambling through prevention, education and treatment in order to decrease the need for agency services in the future.		
Outcomes:		
Percent Reduction in Use of Alcohol, Drugs, Inhalants	6.6%	6.6%
Percent of Youth Completing Treatment Programs Who are Abstinent 60 Days After Discharge	70%	70%
Percent of Adults Completing Treatment Programs Who are Abstinent 60 Days After Discharge	82.9%	82.9%

COMMISSION ON ALCOHOL AND DRUG ABUSE
(Continued)

Percent of Youth Receiving a Continuum of Community-Based Treatment Services Two or More Times	28.1%	28.1%
Percent of Adults Receiving a Continuum of Community-Based Treatment Services Two or More Times	49.8%	49.8%
A.1.1. Strategy: COMMUNITY-BASED PREVENTION SERVICES	\$ 38,231,630	\$ 38,221,711
Design, develop, and implement innovative and culturally relevant chemical dependency prevention services and activities.		
Outputs:		
Number of Adults Served in Prevention Programs	203,360	203,307
Number of Youth Served in Prevention Programs	651,676	651,506
Efficiencies:		
Average Cost per Youth for Prevention Services	44	44
Average Cost per Adult for Prevention Services	47	47
A.1.2. Strategy: COMMUNITY-BASED TREATMENT SERVICES	\$ 72,562,206	\$ 72,551,098
Provide community-based chemical dependency treatment services		
Outputs:		
Percent of Adults Completing Treatment Programs	45%	45%
Percent of Youth Completing Treatment Programs	33%	33%
Percent of Juvenile Justice Clients Completing Treatment Programs	66.3%	66.3%
Efficiencies:		
Average Cost per Adult Completing Treatment Programs	2,831	2,831
Average Cost per Youth Completing Treatment Programs	12,697	12,697
Average Cost per Juvenile Justice Client Completing Treatment Programs	3,326	3,326
Explanatory:		
Number of Adults Served in Treatment Programs	39,869	31,321
Number of Youth Served in Treatment Programs	4,634	7,207
Number of Juvenile Justice Clients Served in Treatment Programs	987	987
A.1.3. Strategy: CRIMINAL JUSTICE TREATMENT SERVICES	\$ 6,500,000	\$ 6,500,000
Provide criminal justice based chemical dependency services		
A.2.1. Strategy: COMPULSIVE GAMBLING P&T	\$ 375,000	\$ 375,000
Compulsive Gambling - Preventive and Treatment		
Outputs:		
Number of Persons in Gambling Prevention Programs	8,000	8,000
Percent of Persons Completing Problem Gambling Treatment Programs	40%	40%
Efficiencies:		
Average Cost per Person in Gambling Prevention Programs	155	155
Average Cost per Person Completing Problem Gambling Treatment Programs	1,225	1,225
Total, Goal A: PREVENTION & TREATMENT	\$ 117,668,836	\$ 117,647,809

COMMISSION ON ALCOHOL AND DRUG ABUSE
(Continued)

B. Goal: PLANNING/DELIVERY SVCS

To provide proactive leadership in resource development, planning, delivery, evaluation and regulation of chemical dependency and abuse and problem gambling services while carrying out TCADA's mandate to coordinate and ensure accountability for such services through policy research, auditing and monitoring of funds in cooperation with other state and federal agencies.

Outcomes:

Percent of Prevention and Treatment Programs in Compliance with State and Federal Mandates	98%	98%
Percent of Unmet Need	53.7%	57.3%
Percentage Increase in Number of People Receiving Chemical Dependency Treatment	-2.9%	-6.4%

B.1.1. Strategy: REGULATORY RESPONSIBILITY \$ 1,409,287 \$ 1,395,331

Implement and maintain a regulatory system including licensed chemical dependency facilities and counselors to ensure that prevention and treatment services are of high quality, in compliance with state and federal mandates, and targeted toward people with the greatest unmet need.

Outputs:

Number of Treatment Facilities Inspected Each Year for Compliance	170	170
Complaints Resolved as a Percent of Complaints Received	78%	81%
Number of Facilities Licensed	385	385
Number of Counselors Licensed	6,000	6,000

Efficiencies:

Average Licensing Cost for Facility License	4,915	4,915
Average Licensing Cost for Individual License	111	105

B.1.2. Strategy: PLANNING AND EVALUATION \$ 6,796,339 \$ 6,769,510

Conduct and apply policy research, plan and evaluate services provided to those most in need, enhance the level of federal funding and maintain accountability, compliance and effective stewardship of state and federal funds, including monitoring and auditing award recipients.

Outputs:

Total Number of Grants and Contracts Awarded	780	780
Number of Awards on Which Suspension or Termination was Initiated	83	83
Number of Field Audits Performed	376	391
Number of Independent Audits Performed	1	1
Percent Implementation of Client Tracking System	50%	100%

Efficiencies:

Average Cost per Audit	1,069	1,069
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Total, Goal B: PLANNING/DELIVERY SVCS \$ 8,205,626 \$ 8,164,841

C. Goal: INDIRECT ADMINISTRATION

C.1.1. Strategy: CENTRAL ADMINISTRATION \$ 2,715,043 \$ 2,746,861

C.1.2. Strategy: INFORMATION RESOURCES \$ 883,319 \$ 819,683

COMMISSION ON ALCOHOL AND DRUG ABUSE
(Continued)

C.1.3. Strategy: OTHER SUPPORT SERVICES	\$ 635,497	\$ 651,406
C.1.4. Strategy: REGIONAL ADMINISTRATION	\$ 369,594	\$ 385,503
Total, Goal C: INDIRECT ADMINISTRATION	\$ 4,603,453	\$ 4,603,453
Grand Total, COMMISSION ON ALCOHOL AND DRUG ABUSE	<u>\$ 130,477,915</u>	<u>\$ 130,416,103</u>
Method of Financing:		
General Revenue Fund	\$ 27,457,445	\$ 27,457,265
General Revenue Fund - Consolidated	492,698	492,698
Federal Funds	100,193,581	100,131,950
Interagency Contracts, estimated	1,301,190	1,301,190
Earned Federal Funds	<u>1,033,001</u>	<u>1,033,000</u>
Total, Method of Financing	<u>\$ 130,477,915</u>	<u>\$ 130,416,103</u>
Number of Positions (FTE)	230.5	230.5
Schedule of Exempt Positions		
Executive Director, Group 4	\$72,720	\$72,720

1. **Capital Budget.** None of the funds appropriated above may be expended for capital budget items except as listed below. The amounts shown below shall be expended only for the purposes shown and are not available for expenditure for other purposes. Amounts appropriated above and identified in this provision as appropriations either for "Lease payments to the Master Equipment Lease Purchase Program" or for items with an "(MELPP)" notation shall be expended only for the purpose of making lease-purchase payments to the Texas Public Finance Authority pursuant to the provisions of V.T.C.S., Art. 601d, Sec. 9A.

In addition to the items authorized below and notwithstanding other limitations in this Act, the Texas State Conservatorship Board may, from amounts appropriated, authorize the expenditure of funds for automation efforts necessary to ensure that the agency properly manages state and federal resources. This authority is contingent upon the prior written approval of the Governor and the Legislative Budget Board.

	<u>1996</u>	<u>1997</u>
Out of Federal Funds:		
a. Lease-Purchase of Information Resource Technologies (purchase made in fiscal 1992)	\$ 79,546	\$ 0
b. Acquisition of Information Resource Technologies	<u>\$ 55,500</u>	<u>\$ 55,500</u>
Total, Capital Budget	<u>\$ 135,046</u>	<u>\$ 55,500</u>

2. **Screening of Alcoholics and Drug Abusers Authorized.** From funds appropriated above, the Texas Commission on Alcohol and Drug Abuse may grant, through contract, funds to support the screening of alcoholics and drug abusers prior to institutionalization in a state

COMMISSION ON ALCOHOL AND DRUG ABUSE

(Continued)

facility. The commission may furthermore develop new alternatives to the institutionalization of alcoholics and drug abusers through services provided by community mental health centers and alcohol and drug abuse providers.

3. **Data Collection Required.** The Commission is required to collect billing, services, and client information from contractors on a monthly basis. Data shall be collected on the services provided to minority populations, including Native Americans. The commission also shall document the expenditure of funds for training of personnel, staff development, public information, and other services that cannot be measured by direct client outcome.
4. **Agreements With Native American Population Authorities.** The Texas Commission on Alcohol and Drug Abuse shall enter into agreements with Native American population authorities for the provision of substance abuse programs aimed at dealing with the treatment of alcoholics and drug abusers among the Indian population.
5. **Priority Populations Defined.** The Legislature designates the following priority populations of the commission:
 - youth who currently abuse, have abused, or at risk of abusing substances including youth in or referred by the juvenile justice system;
 - people who have or are at risk of having human immunodeficiency virus infection through substance abusing behavior;
 - substance abusers who have now, or who have at one time, entered the criminal justice system;
 - substance abusers who are at risk of institutionalization or who currently are served in mental health facilities;
 - substance abusers who have had children placed under the conservatorship of the Department of Protective and Regulatory Services;
 - youth at-risk of selling controlled substances; and
 - women with children or women of child bearing years.
6. **Youth At-Risk for Selling Controlled Substances.** Out of funds appropriated above, the commission shall plan, develop, coordinate, evaluate, and implement constructive methods and programs to provide wholesome alternatives for youth at-risk of selling controlled substances.
7. **Coordination of Support Services.** Out of the funds appropriated above, the commission is directed to enter into formal agreements with other health and human service agencies to facilitate referral and access for its clients to other needed ancillary services as determined by the client's treatment plan. Each client's treatment plan is to contain complete and appropriate medical, educational and/or vocational objectives that meet the needs of clients. The commission shall provide technical aids and assistance to ensure that clients are provided or are referred to appropriate services. The commission shall monitor its contractors to gauge the performance of its contractors regarding the provision and/or referral of clients to appropriate services. The commission shall evaluate the impact that supportive services may have upon achieving successful treatment outcomes.

COMMISSION ON ALCOHOL AND DRUG ABUSE
(Continued)

8. **Appropriations Limited to Revenue Collections.** It is the intent of the Legislature that fees, fines, and other miscellaneous revenues as authorized and generated by the agency cover, at a minimum, the cost of the appropriations made including employee matching costs and any other direct operating costs. In the event that actual and/or projected fee revenue collections are insufficient to offset agency costs, the Legislative Budget Board may direct that the Comptroller of Public Accounts reduce the appropriation authority provided herein to be within the amount of fee revenue expected to be available.
9. **Medicaid Programs - Revenue Enhancement.** Out of the funds appropriated above, local mental health authorities are encouraged to use these state funds to match federal Medicaid funds entitled rehabilitation services under the State Medicaid Plan, for those Medicaid eligible clients receiving substance abuse services by the local mental health authority. These funds may be expended on persons with co-occurring mental and substance abuse disorders.
10. **Dual Diagnosis Clients.** Out of the funds appropriated above, substance abuse services purchased by the Commission can be provided to persons who have co-occurring substance abuse and mental disorders.
11. **HIV Contracting At TCADA.** The contracting of HIV services at the Texas Commission on Alcohol and Drug Abuse shall be as comprehensive as those at the Texas Department of Health and shall include, but are not limited to:
 - a. definitions of health services and support services to be provided;
 - b. requirements for licensure of facilities or service providers;
 - c. budgets, financial status reports, and standards for financial reports;
 - d. performance measures and standards;
 - e. fee schedules, where applicable; and
 - f. restrictions/limitations on the use of contract funds.
12. **Transportation Services.** None of the funds appropriated above in Strategy A.1.3., Criminal Justice Treatment Services, may be used to purchase transportation services for SAFP or ITC program participants by the Commission.
13. **Allocation of Grants and Contracts.** It is the intent of the Legislature that the Commission shall consider factors in communities that may make those communities "high risk" when considering the allocation of treatment and prevention grants and contracts.
14. **Public/Private Partnership.** It is the intent of the Legislature that the Commission shall partner with private and other public entities to the greatest extent possible for the purpose of conserving state general revenue appropriations.
15. **Accounting and Auditing Procedures for Texas Commission on Alcohol and Drug Abuse.** It is the intent of the Legislature that the Legislative Budget board shall establish and develop, with the assistance of the State Auditor, an accounting and auditing procedure for the Texas Commission on Alcohol and Drug Abuse for all of the expenditures of the Commission, including those approved by the local advisory committees, and provide periodic reports to the Legislature.
16. **Youth Prevention and Treatment Expenditures.** Out of the funds appropriated above in Strategy A.1.1., Community-Based Prevention Services, and in Strategy A.1.2., Community-Based Treatment Services, in fiscal year 1996, 45 percent of those appropriations shall be expended for youth prevention and treatment services and in fiscal year 1997, 55 percent of those appropriations shall be expended for youth prevention and treatment services. It is the intent of the Legislature that the Legislative Budget Board report to the Seventy-fifth

COMMISSION ON ALCOHOL AND DRUG ABUSE (Continued)

Legislature on the types of youth services funded under those strategies and their effectiveness.

17. **Conservatorship Expenses.** The expenses of the State Conservatorship Board, as provided by Chapter 2104, Government Code, shall be paid from funds appropriated to the commission for administration. A limit provided by this Act on reimbursement of state boards and commissions for expenses does not apply to reimbursement of the expenses of the State Conservatorship Board.
18. **Compulsive Gambling Prevention Programs.** Out of the funds appropriated above in Strategy A.2.1., Compulsive Gambling Prevention and Treatment, the Commission shall maintain the Problem Gambler's Helpline.
19. **Compulsive Gambling Activity Reports.** The Commission shall provide quarterly reports regarding all expenditures out of Strategy A.2.1., Compulsive Gambling Prevention and Treatment. These reports shall include "tracking data" pertaining to expenditures and clients served.
20. **Criminal Justice/Substance Abuse Initiative.** All funds received from the Department of Criminal Justice for the provision of prevention, intervention, or treatment services as authorized by Senate Bill 828, Seventy-second Legislature, Regular Session, or House Bill 93, Seventy-second Legislature, 2nd Called Session, shall be contracted back to the Department of Criminal Justice for those same purposes.

Contingent upon enactment of House Bill 2162, Seventy-fourth Legislature, or similar legislation, authorizing the Department of Criminal Justice to administer substance abuse treatment programs for probationers, the Commission shall transfer \$6.5 million each year of the biennium for the TAIP program to the Department. Should such legislation not be enacted, the Commission shall contract with the Department for the same amounts for provision of services related to the TAIP program.
21. **Youth Prevention and Treatment Programs.** In the event of enactment of Senate Bill 574, or similar legislation, local child and family commissions shall be invited to comment prior to agency selection of the provider regarding funds appropriated to the Texas Commission on Alcohol and Drug Abuse for children and youth prevention and treatment services in those counties where such a commission exists.
22. **Vehicles.** Any vehicles purchases by the Commission for the provision of prevention, intervention, or treatment services as authorized by Senate Bill 828, Seventy-second Legislature, Regular Session, House Bill 93, Seventy-second Legislature, 2nd Called Session; or Senate Bill 532, Seventy-third Legislature, Regular Session, shall be transferred to the Department of Criminal Justice for those same purposes.
23. **Houston Recovery Campus Program.** Out of the funds appropriated above, the Commission shall provide \$6.5 million in each fiscal year of the biennium for the continued operation of the Houston Recovery Campus Program. The Commission shall contract these funds with the University of Texas Health Science Center at Houston, who shall administer the treatment services provided at the Houston Recovery Campus Program. To the extent possible, the Commission and the University of Texas Health Science Center shall enter into interagency agreements with Texas Education Agency, Juvenile Probation Commission, Department of Mental Health and Mental Retardation, and others, to help provide for the treatment services at the Houston Recovery Campus Program.

COMMISSION ON ALCOHOL AND DRUG ABUSE
(Continued)

24. **Contingency Appropriation for House Bill 2460.** Contingent upon the enactment of House Bill 2460, or similar legislation relating to the possession, purchase, sale, distribution, and receipt of cigarettes and tobacco products, by the 74th Legislature, Regular Session, the Commission on Alcohol and Drug Abuse is hereby appropriated \$904,920 for fiscal year 1996 and \$663,720 for fiscal year 1997 out of additional revenues collected pursuant to House Bill 2460 for the purpose of implementing that Act. The Commission on Alcohol and Drug Abuse is hereby authorized to transfer the appropriation made pursuant to this provision to the appropriate strategy items listed above.

COMMISSION FOR THE BLIND

	For the Years Ending	
	August 31, 1996	August 31, 1997
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A. Goal: INDEPENDENT LIVING		
To assist Texans who are blind or visually impaired to live as independently as possible consistent with their capabilities.		
Outcomes:		
Percent of Consumers Avoiding a Dependent Living Environment Who are at Risk	93%	93%
A.1.1. Strategy: INDEPENDENT LIVING		
To provide a statewide program of developing independent living skills		
Outputs:		
Number of Adults Receiving Skills Training	3,920	3,960
A.2.1. Strategy: HABILITATIVE SERVICES		
To provide habilitative services to blind and visually impaired children.		
Outputs:		
Number of Children Receiving Habilitative Services	8,771	8,771
Total, Goal A: INDEPENDENT LIVING	\$ 6,191,725	\$ 6,224,706
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B. Goal: MAINTAIN EMPLOYMENT		
To assist Texans who are blind or visually impaired to secure or maintain employment in careers consistent with their skills, abilities, and interests.		
Outcomes:		
Percent of Consumers Successfully Rehabilitated With Improved Economic Self-Sufficiency	86.5%	86.5%
Percent of Transition Consumers Successfully Completing Their Transition Program and Entering College, Technical Training, or Work	81%	81%
Average Earnings per Consumer Employed	35,280	37,044
B.1.1. Strategy: VOCATIONAL REHABILITATION		
To provide vocational rehabilitation services to persons who are blind or visually impaired.		
	\$ 28,538,624	\$ 29,434,807

COMMISSION FOR THE BLIND
(Continued)

Outputs:		
Number of Consumers Served	11,054	11,002
B.1.2. Strategy: TRANSITION SERVICES	\$ 1,737,670	\$ 1,800,514
To provide Transition Program services leading to successful transition from school to work.		
Outputs:		
Number of Students Successfully Completing the Transition Program	77	79
B.1.3. Strategy: EMPLOYMENT SERVICES	\$ 1,764,608	\$ 1,769,110
To provide employment opportunities in the food service industry for persons who are blind and visually impaired.		
Outputs:		
Number of Consumers Employed	138	138
Total, Goal B: MAINTAIN EMPLOYMENT	<u>\$ 32,040,902</u>	<u>\$ 33,004,431</u>
C. Goal: INDIRECT ADMINISTRATION		
C.1.1. Strategy: CENTRAL ADMINISTRATION	\$ 1,803,062	\$ 1,803,062
C.1.2. Strategy: INFORMATION RESOURCES	\$ 744,516	\$ 744,516
C.1.3. Strategy: OTHER SUPPORT SERVICES	\$ 608,490	\$ 608,491
Total, Goal C: INDIRECT ADMINISTRATION	<u>\$ 3,156,068</u>	<u>\$ 3,156,069</u>
Grand Total, COMMISSION FOR THE BLIND	<u>\$ 41,388,695</u>	<u>\$ 42,385,206</u>
Method of Financing:		
General Revenue Fund	\$ 8,466,812	\$ 8,702,672
General Revenue Fund - Consolidated	1,360,000	1,365,000
Federal Funds	31,305,883	32,061,534
Blind Commission Endowment Fund No. 493	8,000	8,000
Interagency Contracts	98,000	98,000
Earned Federal Funds	<u>150,000</u>	<u>150,000</u>
Total, Method of Financing	<u>\$ 41,388,695</u>	<u>\$ 42,385,206</u>
Number of Positions (FTE)	590.5	590.5
Schedule of Exempt Positions		
Executive Director, Group 3	\$65,166	\$65,166

- Capital Budget.** None of the funds appropriated above may be expended for capital budget items except as listed below. The amounts shown below shall be expended only for the purposes shown and are not available for expenditure for other purposes. Amounts appropriated above and identified in this provision as appropriations either for "Lease payments to the Master Equipment Lease Purchase Program" or for items with an "(MELPP)" notation shall be expended only for the purpose of making lease-purchase payments to the Texas Public Finance Authority pursuant to the provisions of V.T.C.S., Art. 601d, Sec. 9A.

COMMISSION FOR THE BLIND
(Continued)

	<u>1996</u>	<u>1997</u>
Out of the General Revenue Fund - Consolidated:		
a. Acquisition of Capital Equipment and Items		
(1) Food Service Facilities	\$ 434,711	\$ 434,711
Total, Capital Budget	<u>\$ 434,711</u>	<u>\$ 434,711</u>

2. **Central Supply Revolving Fund.** The Commission for the Blind may, under such rules and regulations as deemed necessary, maintain and operate on a reimbursable basis a Central Supply Revolving Fund in order to contribute to the efficiency and economy of the Commission under its control and management. The Central Supply Revolving Fund may be established and operated from funds appropriated to the Commission in such amounts as shall be necessary. All receipts deposited to this Fund are appropriated for the purchase of necessary operating supplies and materials for the biennium ending August 31, 1997. To reimburse the funds from which expenditures are made, the Commission may make fund transfers from the appropriations which receive the supplies, or may submit purchase vouchers through the office of the State Comptroller.
3. **Endowment Fund.** There is hereby appropriated to the Commission for the Blind, for the biennium beginning September 1, 1995, any balance on hand in the Endowment Fund as of August 31, 1995, and any revenue and receipts deposited to the Endowment Fund. These funds are appropriated to provide necessary client services and to carry out the provisions of paragraph 91.0301 Human Resources Code.
4. **Employee Work Assignments.** Employees assigned to the Criss Cole Rehabilitation Center or to special project facilities operated by the agency may, to the extent required for the effective direct provision of services to clients, be excepted from usual state policies regarding working hours, working days, and holidays. Insofar as possible, the work days and work hours of such employees shall be determined according to a system comparable to that used by other state-operated special schools, hospitals, institutions or other facilities providing residential services to eligible individuals. Houseparents, attendants, or related staff at the Criss Cole Rehabilitation Center for the Blind may be allowed to receive room, board, and laundry services, without charge, in return for performing other duties as assigned by the administrator of the Criss Cole Rehabilitation Center for the Blind.
5. **Reimbursement of Services.** In order to reimburse equitably the appropriation items hereinabove made from which expenditures are made for services to employees and guests of the Criss Cole Rehabilitation Center or other residential facilities operated by the Commission for the Blind, the Commission for the Blind shall establish such reimbursement rates and rules as might be necessary to assure reimbursement at rates not less than the rates of reimbursement required by institutions, agencies or offices under the jurisdiction of the Board of Health, Board of Mental Health and Mental Retardation and the Texas Youth Commission.
6. **Appropriation of Federal Medicaid Receipts.** The Commission for the Blind shall certify and/or transfer appropriated state funds to the Texas Medicaid Single State Agency so that federal financial participation can be claimed for Medicaid services. Such federal receipts are hereby appropriated to the commission to provide habilitative services to blind and visually impaired children.
7. **Fund Transfer.** The Texas Commission for the Deaf and Hearing Impaired and the Texas Commission for the Blind shall develop an interagency contract for the provision of

COMMISSION FOR THE BLIND
(Continued)

administrative services to the TCDHI by TCB. General revenue funds in the amount of \$50,000 in FY 1996 and \$50,000 in FY 1997 shall be transferred from the TCDHI to TCB in accordance with the interagency contract.

8. **Reimbursement of Advisory Committee Members.** Pursuant to V.T.C.S., Article 6252-33, reimbursement of expenses for Advisory Committee Members, out of funds appropriated above, is limited to the following advisory committees: State Independent Living Council, Elected Committee of Managers, Optometric Advisory Committee, Medical Advisory Council, and Consumer Advisory Committee.
9. **Appropriation Limited to Revenue Collections.** It is the intent of the Legislature that fees, fines, and miscellaneous revenues as authorized and generated by the agency cover, at a minimum, the cost of the appropriations made for Employment Services including any other direct operating costs and employee matching costs. In the event that actual and/or projected revenue collections are insufficient to offset agency costs, the Legislative Budget Board may direct that the Comptroller of Public Accounts reduce the appropriation authority provided above to be within the amount of revenue expected to be available.

CANCER COUNCIL

Out of the General Revenue Fund:

A. Goal: CANCER SERVICES

To ensure that all Texans have prompt access to quality cancer prevention and control information and services in order to increase the number of Texans surviving or never developing cancer.

Outcomes:

	For the Years Ending August 31, 1996	August 31, 1997
Percent of Texas Cancer Plan Goals Addressed	100%	100%
Annual Age-adjusted Cancer Mortality Rate	176	176

A.1.1. Strategy: ENHANCE CANCER SERVICES

Mobilize and assist public, private, and volunteer sector agencies and individuals to enhance the availability and quality of cancer prevention and control services and policies.

Outputs:

	\$	3,736,314	\$	3,736,314
Number of Statewide, Regional, and Local Strategic Planning Initiatives Promoted by Direct Council Intervention or Contracts		21		21
Number of Reports on Cancer Resources, Policies, and Statistics Produced		34		34
Number of People Directly Served by Council-funded Cancer Prevention and Control Activities		150,000		150,000
Number of Health Care and/or Education Professionals Who Receive Council-funded Training or Materials		75,000		75,000

CANCER COUNCIL
(Continued)

Efficiencies:

Average Cost per Health Care and/or Education Professional Trained

50

50

B. Goal: ADMINISTRATIVE COSTS

B.1.1. Strategy: DIRECT & INDIRECT ADMIN

\$ 336,961

\$ 336,961

Direct and Indirect Administration and Support

Grand Total, CANCER COUNCIL

\$ 4,073,275

\$ 4,073,275

Number of Positions (FTE)

8.0

8.0

Schedule of Exempt Positions

Executive Director, Group 2

\$57,691

\$57,691

1. **Unexpended Balances.** Any unexpended balances in the appropriations for the fiscal year ending August 31, 1996, may be carried forward into fiscal year 1997 and such balances are hereby appropriated.
2. **Reimbursement of Advisory Committee Members.** Pursuant to V.T.C.S. Article 6252-33, reimbursement of expenses for advisory committee members, out of funds appropriated above, is limited to the following advisory committee: Texas Cancer Plan Advisory Committee.

CHILDREN'S TRUST FUND OF TEXAS COUNCIL

For the Years Ending	
August 31,	August 31,
1996	1997

A. Goal: CHILD ABUSE PREVENTION

To promote and provide opportunities so that Texas children can grow to responsible and productive adulthood, free of threats to their dignity, physical safety, and emotional well-being.

Outcomes:

Confirmed Incidence of Child Abuse/Neglect per 1,000 Children

10.8

10.8

Percent Change in Attitudes, Knowledge, Parenting Skills,

Perceived Norms and/or Risk Factors of Individuals in Statewide Survey

1%

A.1.1. Strategy: GRANTS & PUBLIC AWARENESS

\$ 1,940,422

\$ 1,328,100

Provide state grants, leverage non-state funds, provide technical assistance to communities and promote public awareness through child abuse prevention efforts.

CHILDREN'S TRUST FUND OF TEXAS COUNCIL
(Continued)

Outputs:

Number of Programs Funded by CTF	37	22
Number of Adult Participants in CTF-Funded Programs and Services	7,585	4,500
Number of Child Participants in CTF-Funded Programs and Services	10,100	6,000
Number of Printed Educational Materials Distributed	37,500	37,500
Efficiencies:		
Per Unit Cost of Printed Educational Materials Distributed	.55	.55

Grand Total, CHILDREN'S TRUST FUND OF TEXAS COUNCIL

\$ 1,940,422 \$ 1,328,100

Method of Financing:

Children's Trust Fund of Texas Council Operating Receipts	\$ 1,445,315	\$ 878,100
Federal Funds	475,107	430,000
Appropriated Receipts	<u>20,000</u>	<u>20,000</u>

Total, Method of Financing

\$ 1,940,422 \$ 1,328,100

Number of Positions (FTE)

4.0 4.0

Schedule of Exempt Positions

Executive Director, Group 2	\$51,840	\$51,840
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1. **Unexpended Balances.** All unexpended balances appropriated for the fiscal year ending August 31, 1996, are hereby appropriated for the same purposes for the fiscal year beginning September 1, 1996.

COMMISSION FOR THE DEAF AND HEARING IMPAIRED

For the Years Ending	
August 31, 1996	August 31, 1997

A. Goal: SERVICES TO INDIVIDUALS

To promote and regulate an effective system of services to individuals who are deaf or hearing impaired.

Outcomes:

Percent Increase in the Number of Services Accessible to People Who are Deaf or Hearing Impaired	0%	0%
Percent Increase in Number of Interpreters Certified at Level III, IV, and V	20%	20%

COMMISSION FOR THE DEAF AND HEARING IMPAIRED
(Continued)

A.1.1. Strategy: CONTRACT SERVICES	\$	532,244	\$	531,794
Contract for services for persons who are deaf or hearing impaired to include services or training in: communication access, coping skills, job readiness, nutrition, reading, parenting, leadership, assistive listening devices, early intervention, and prevention of hearing loss.				
Outputs:				
Number of Hours of Communication Access Provided		8,100		8,100
Efficiencies:				
Average Cost for Administration of Contract		30		35
A.1.2. Strategy: TRAINING & EDUCATION	\$	286,198	\$	286,198
Ensure the quality of programs and services for persons who are deaf or hearing impaired through training and educational programs and advocacy and ombudsman services.				
Outputs:				
Number of Consumers Involved in Planning, Monitoring, or Other Agency Activities		100		100
Efficiencies:				
Average Time for Complaint Resolution		60		60
A.2.1. Strategy: INTERPRETER LICENSING	\$	<u>156,654</u>	\$	<u>156,954</u>
License and regulate interpreters and regulate the use of interpreters				
Outputs:				
Number of Licensed Interpreters		1,525		1,677
Efficiencies:				
Average Time Between Date of Application and Date of Testing		100		100
Total, Goal A: SERVICES TO INDIVIDUALS	\$	<u>975,096</u>	\$	<u>974,946</u>
B. Goal: INDIRECT ADMINISTRATION				
B.1.1. Strategy: INDIRECT ADMINISTRATION	\$	<u>190,708</u>	\$	<u>190,708</u>
Grand Total, COMMISSION FOR THE DEAF AND HEARING IMPAIRED	\$	<u><u>1,165,804</u></u>	\$	<u><u>1,165,654</u></u>
Method of Financing:				
General Revenue Fund	\$	788,804	\$	788,654
Appropriated Receipts		101,000		101,000
Interagency Contracts		<u>276,000</u>		<u>276,000</u>
Total, Method of Financing	\$	<u><u>1,165,804</u></u>	\$	<u><u>1,165,654</u></u>
Number of Positions (FTE)		9.0		9.0
Schedule of Exempt Positions				
Executive Director, Group 2		\$51,840		\$51,840

COMMISSION FOR THE DEAF AND HEARING IMPAIRED
(Continued)

1. **Expenditures for Registry of Interpreters.** None of the funds appropriated for Strategy A.2.1., License Interpreters, may be expended for the development of a Registry of Interpreters which does not include interpreters certified by the National Registry of Interpreters for the Deaf.
2. **Community-based Interpreter Services.** Any fees collected by local community-based organizations for interpreter services are hereby appropriated and shall be used solely for the purpose of providing additional hours of interpreter services to eligible individuals who are deaf or hearing impaired.
3. **Solicitation of Grants, Gifts, and Donations.** The Texas Commission for the Deaf and Hearing Impaired is authorized to develop plans and programs to solicit and may solicit gifts, grants, and donations from private and public sources to be expended for the purposes specified by the donor provided that such strategies are consistent with Chapter 81 of the Human Resources Code and such gifts, grants, and donations are hereby appropriated to the commission. Any balance of gifts, grants, or donation amounts unexpended for fiscal year 1996 shall be available for expenditure in fiscal year 1997.
4. **Expansion of Services.** All funds received as reimbursement for services rendered by the Commission shall be used to expand the services of the strategy from which the fees were paid. Any unexpended balance, not to exceed \$5,000, for fiscal year 1996 shall be available for expenditure in fiscal year 1997.
5. **Fund Transfer.** The Texas Commission for the Deaf and Hearing Impaired and the Texas Commission for the Blind shall develop an interagency contract for the provision of administrative services to the TCDHI by TCB. General revenue funds in the amount of \$50,000 in FY 1996 and \$50,000 in FY 1997 shall be transferred from the TCDHI to TCB in accordance with the interagency contract.
6. **Americans with Disabilities Act Specialist.** The agency is to explore the possibility of coordinating its need for an ADA Specialist with the ADA Coordinator at Department of Health.
7. **Reimbursement of Advisory Committee Members.** Pursuant to V.T.C.S., Article 6252-33, reimbursement of expenses for Advisory Committee Members, out of funds appropriated above, is limited to the following advisory committee: Board of Evaluation of Interpreters.

INTERAGENCY COUNCIL ON EARLY CHILDHOOD INTERVENTION

		For the Years Ending	
		August 31, 1996	August 31, 1997
A. Goal: CHILDREN AT RISK OF DELAY			
To ensure that all children in Texas who are below the age of three and have developmental needs or are at risk of developmental delay receive comprehensive services that are provided in partnerships with families within community contexts.			
Outcomes:			
Percent of the Targeted Eligible Population Identified and Offered Early Intervention Services		40%	44%
Percent of the Targeted Eligible Population Enrolled		83%	91%
A.1.1. Strategy: ELIGIBILITY AWARENESS			
Conduct a statewide public awareness and childfind component in accordance with the federal regulations to ensure that families of eligible infants and toddlers are identified and advised of the importance of early intervention and know how to access services.		\$ 470,644	\$ 471,401
Outputs:			
Number of Referrals Made to Local Programs Through Coordination of Case Management Services With Other Agencies		18,868	20,778
A.1.2. Strategy: MILESTONES PROGRAMS			
Establish transitional services programs for high priority infants on a statewide basis.		\$ 1,918,719	\$ 1,930,190
Outputs:			
Number of Children Served in Milestones Programs		3,800	4,200
A.1.3. Strategy: RESOURCE COORDINATION			
Administer and supervise a statewide system of services through the coordination of federal, state, and community resources to ensure that services are provided in partnerships with families within community contexts.		\$ 44,172,544	\$ 50,328,133
Outputs:			
Number of Funded Programs Monitored for Fiscal and Program Compliance		38	40
Number of Children Served Through Comprehensive Services		19,861	21,872
Efficiencies:			
Cost per Child Served Within Comprehensive Services		5,969	5,947
A.1.4. Strategy: QUALITY ASSURANCE			
Ensure the quality of services through a system of training and technical assistance, personnel standards, and procedural safeguards.		\$ 911,281	\$ 932,775
Outputs:			
Number of Early Intervention Specialists Entering the Professional Credentialing System		50	70
Number of Training and Technical Assistance Events Provided		220	230
Total, Goal A: CHILDREN AT RISK OF DELAY		\$ 47,473,188	\$ 53,662,499

INTERAGENCY COUNCIL ON EARLY CHILDHOOD INTERVENTION
(Continued)

B. Goal: INDIRECT ADMINISTRATION

B.1.1. Strategy: INDIRECT ADMINISTRATION	\$ 948,746	\$ 984,798
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Grand Total, INTERAGENCY COUNCIL ON EARLY CHILDHOOD INTERVENTION	<u>\$ 48,421,934</u>	<u>\$ 54,647,297</u>
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Method of Financing:

General Revenue Fund	\$ 19,095,223	\$ 19,095,224
Federal Funds	<u>29,326,711</u>	<u>35,552,073</u>

Total, Method of Financing	<u>\$ 48,421,934</u>	<u>\$ 54,647,297</u>
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Number of Positions (FTE)	69.0	69.0
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Schedule of Exempt Positions

Executive Director, Group 3	\$61,380	\$61,380
Deputy Executive Director, Group 2	54,584	54,584

1. **Reimbursement of Advisory Committee Members.** Pursuant to V.T.C.S. Article 6252-33, reimbursement of expenses for advisory committee members, out of funds appropriated above, is limited to the following advisory committee: Advisory Committee to the Interagency Council on Early Childhood Intervention.

DEPARTMENT OF HEALTH

For the Years Ending	
August 31, 1996	August 31, 1997

A. Goal: PREVENTION AND PROMOTION

Assure that prevention and health promotion are integral parts of all services. Maximize the use of primary prevention, as well as early detection and management of care, in providing public health services. Promote individual and community commitment to the importance of good personal and environmental health.

Outcomes:

Percentage of Inspected Entities in Compliance with Statutes and/ or Rules	73.2%	74.4%
Percentage of Eligible WIC Population Served	85.4%	90%
Percentage of Public Health Regional Clinic Consumers Receiving Nutrition Education by Licensed Dieticians	6%	6.4%
Percentage of Reported AIDS Cases Living 2 Years After Diagnosis	62.3%	63.1%
Percentage of Tuberculosis Cases that Completed Recommended Therapy within 12 Months	93%	95%

DEPARTMENT OF HEALTH
(Continued)

A.1.1. Strategy: BORDER HEALTH & COLONIAS	\$	990,389	\$	990,389
Develop and implement a program designed to assist in the reduction of consumer, environmental, occupational and community health hazards along the Texas/Mexico border and in the "colonias" in a binational effort that coordinates with local providers and community leaders.				
Outputs:				
Number of Citizen/Community Activities Implemented		1,150		1,150
Efficiencies:				
Average Cost per Investigation/Inspection		500		500
A.1.2. Strategy: FOOD (MEAT) & DRUG SAFETY	\$	17,143,721	\$	17,143,721
Implement uniform and effective safety programs for food, drugs, and medical devices.				
Outputs:				
Number of Surveillance Activities Conducted		176,005		176,005
Number of Licenses/Registrations Issued		36,655		36,655
Efficiencies:				
Average Cost per Investigation/Inspection		137.39		137.39
A.1.3. Strategy: ENVIRONMENTAL HEALTH	\$	10,736,986	\$	10,738,686
Develop and implement risk assessment and risk management programs in the areas of radiation control, consumer products, occupational and environmental health, and community sanitation.				
Outputs:				
Number of Surveillance Activities Conducted		26,749		26,749
Number of Consultations Provided		82,200		82,200
Number of Enforcement Actions Taken		11,779		11,779
Efficiencies:				
Average Cost per Investigation/Inspection		383		383
A.2.1. Strategy: WIC FOOD & NUTRITION	\$	463,742,530	\$	502,690,695
To provide nutrition services including food benefits to eligible low income (WIC) clients, nutrition education and counseling, and training on nutrition topics for health professionals.				
Outputs:				
Number of Pregnant, Postpartum and Breastfeeding Women, Infants and Children provided Nutritious Food Supplements per Month		764,000		807,000
Number of WIC Participants Served in the Farmers Market Program		198,000		238,000
Number of Referrals Made to Other Health and Nutrition Programs		1,650,000		1,744,000
Number of WIC Participants Provided Nutrition, Education, and Counseling Services Annually		8,251,000		8,720,000
Efficiencies:				
Average Food Costs per Person Receiving Services		27.19		28.07
Average Cost per Person for Delivery of Nutrition Education and other Clinic Services		10.05		10.38

DEPARTMENT OF HEALTH
(Continued)

A.3.1. Strategy: SEXUALLY TRANSMITTED DISEASES (HIV)	\$	46,137,480	\$	46,137,480
Provide HIV and STD education to prevent the spread of infection, diagnoses individuals with STD/HIV, and link HIV/STD patients to health and social service providers for intervention.				
Outputs:				
Number of Persons Provided Social and Medical Services				
After Diagnosis of HIV Infection		22,000		22,000
Number of Persons Served by the HIV Medication Program		4,833		5,074
Efficiencies:				
Average Cost per Person Receiving Counseling and Testing Services		40		40
A.3.2. Strategy: IMMUNIZATIONS	\$	49,922,670	\$	49,922,669
Implement programs to immunize Texas residents.				
Outputs:				
Number of Doses Administered		6,272,205		6,366,556
Efficiencies:				
Average Cost per Dose Administered		8.71		8.71
A.3.3. Strategy: PREVENTABLE DISEASES	\$	54,220,213	\$	54,924,585
Implement programs to effectively reduce the incidence of preventable diseases such as zoonotic, chronic, communicable, (including Tuberculosis) and dental disease, and enhance epidemiological activities to track reductions.				
Outputs:				
Number of Surveillance Activities and Field Investigations Conducted		68,985		69,518
Number of Technical and Educational Consultations Provided		74,295		75,950
Number of Children Provided Dental Sealants		11,800		11,800
Number of Clinical Preventive Activities Provided		275,507		282,944
Efficiencies:				
Average Cost per Surveillance Activity and Field Investigation Conducted		1,000		1,300
A.3.4. Strategy: CHRONIC DISEASE SERVICES	\$	16,257,843	\$	16,257,843
Provide prompt service and/or referral of all eligible applicants for chronic disease services.				
Outputs:				
Number of Kidney Health Clients Provided Services		14,137		14,646
Number of Children's Heart Outreach Program Clients Provided Services		4,000		4,000
Efficiencies:				
Average Cost per Chronic Disease Service		984		950
Total, Goal A: PREVENTION AND PROMOTION	\$	<u>659,151,832</u>	\$	<u>698,806,068</u>

B. Goal: MEDICAID SERVICES

Develop a comprehensive approach to client health.

Outcomes:				
Percent of Eligible Clients Receiving Acute Care Services		86%		86%
Percent of 100% Poverty Population Covered by Acute Care Services		69.9%		74.2%
Percent of Clients in Managed Care		8.9%		24.4%
Percentage of Total Medicaid Eligible Prescribed Medications Provided by Vendor Drug Services		80%		80%

DEPARTMENT OF HEALTH
(Continued)

B.1.1. Strategy: PREMIUMS: AGED & DISABLED	\$ 1,208,181,943	\$ 1,271,592,889
Provide medically necessary health care in the most appropriate, accessible, and cost effective setting to: Medicaid Aged and Medicare related persons, and Medicaid Disabled and Blind Persons.		
Outputs:		
Average Aged and Medicare Related Recipient Months per Month	299,437	309,338
Average Disabled and Blind Recipient Months per Month	192,267	204,273
Efficiencies:		
Average Aged and Medicare Related Premium per Recipient Month	67.24	65.57
Average Disabled and Blind Premium per Recipient Month	417.73	418.32
B.1.2. Strategy: PREMIUMS: AFDC FAMILIES	\$ 914,124,827	\$ 914,553,031
Provide medically necessary health care in the most appropriate, accessible, and cost effective setting to: AFDC Adults and AFDC Children.		
Outputs:		
Average AFDC-Adult Recipient Months per Month	218,052	222,560
Average AFDC-Children Recipient Months per Month	626,864	638,532
Efficiencies:		
Average AFDC-Adult Premium per Recipient Month	166.99	166.36
Average AFDC-Children Premium per Recipient Month	63.15	61.1
B.1.3. Strategy: PREMIUMS: PREGNANT WOMEN	\$ 548,471,977	\$ 548,713,962
Provide medically necessary health care in the most appropriate, accessible, and cost effective setting to: Medicaid eligible pregnant women.		
Outputs:		
Average Pregnant Women Recipient Months per Month	87,168	90,240
Efficiencies:		
Average Pregnant Women Premium per Recipient Month	523.08	505.51
B.1.4. Strategy: PREMIUMS: CHILDREN/ MEDICALLY NEEDY	\$ 1,124,284,931	\$ 1,175,680,636
Provide medically necessary health care in the most appropriate, accessible, and cost effective setting to: Newborn Infants and Medicaid Eligible Children above the AFDC income eligibility criteria, and Medically Needy Persons.		
Outputs:		
Average Newborn Recipient Months per Month	104,044	106,712
Average Expansion Children Recipient Months per Month	366,435	381,092
Average Federal Mandate Children Premium per Recipient Month	217,823	264,910
Average Medically Needy Recipient Months per Month	19,087	19,087
Efficiencies:		
Average Newborn Premium per Recipient Month	453.07	436.87
Average Expansion Children Premium per Recipient Month	72.65	70.91
Average Federal Mandate Children Premium per Recipient Month	29.34	28.18
Average Medically Needy Premium per Recipient Month	696	870.59
B.1.5. Strategy: MEDICARE PAYMENTS	\$ 419,734,886	\$ 514,701,219
Provide accessible premium-based health services to certain Title XVIII Medicare eligible recipients.		

DEPARTMENT OF HEALTH
(Continued)

Outputs:

Supplemental Medical Insurance Part B (SMIB) Recipient Months per Month	354,126	383,505
Part A Recipient Months per Month	41,943	44,802
Number of Qualified Medicare Beneficiaries (QMBs)	41,828	51,030
Efficiencies:		
Average SMIB Premium per Month	48.66	53.95
Average Part A Premium per Month	277.44	307.66
Average Qualified Medical Beneficiaries Cost per Month	144.09	161.67

B.1.6. Strategy: EPSDT-COMPREHENSIVE CARE \$ 173,929,811 \$ 193,718,111
Provide diagnostic/treatment services for federally allowable Medicaid services for conditions identified through an EPSDT screen or other health care encounter but not covered or provided under the State Medicaid Plan.

Outputs:

Number of Clients Receiving Extended Benefits Through EPSDT-CCP	210,000	235,000
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Efficiencies:

Average Cost of Clients Receiving Extended Benefits Through EPSDT-CCP	813.99	810.77
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B.1.7. Strategy: COST REIMBURSED SERVICES \$ 167,745,769 \$ 207,005,575
Provide medically necessary health care to Medicaid eligibles for services not covered under the insured arrangement including federally qualified health centers, undocumented aliens, school health and related services.

Outputs:

Number of Enrolled Federally Qualified Health Centers	36	36
Number of Undocumented Aliens Served	3,720	4,316

Efficiencies:

Average Undocumented Alien Cost per Month	3,030	3,258
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B.1.8. Strategy: VENDOR DRUG PROGRAM \$ 680,147,462 \$ 746,649,445
Provide prescription medication to Medicaid eligible recipients as prescribed by the treating physician.

Outputs:

Annual Medicaid Prescriptions Incurred	27,071,456	30,934,866
Prescriptions Incurred per Recipient per Month	2.82	3.04

Efficiencies:

Average Cost per Prescription	24.95	23.98
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B.1.9. Strategy: MEDICAL TRANSPORTATION \$ 18,069,431 \$ 20,341,204
Provide non-ambulance transportation for eligible Medicaid recipients to and from providers of Medicaid services.

Outputs:

Recipient One-Way Trip	1,488,892	1,675,122
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Efficiencies:

Average Cost per One-Way Trip	9.77	10.04
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Total, Goal B: MEDICAID SERVICES \$ 5,254,691,037 \$ 5,592,956,072

DEPARTMENT OF HEALTH
(Continued)

C. Goal: HEALTH CARE STANDARDS

Assure availability of highest quality services to all Texans across the care continuum. Promote recruitment and retention of competent health care professionals. Remain flexible in responding to the public's needs and concerns.

Outcomes:

Percentage of Licensed or Certified Professionals Out of Compliance with State Regulations	.5%	.5%
Percentage of Licensed/Certified Acute Health Care Facilities (AHCF) Meeting State/Federal Regulations at Survey	96.5%	97%
Percentage of Lab Services Requests Completed	100%	100%

C.1.1. Strategy: HEALTH CARE STANDARDS

\$ 14,817,950 \$ 14,686,089

Implement program to ensure timely, accurate issues of licenses, registration, certifications, permits and placing on a registry for health care professionals and implement cost-effective, efficient, consistent plan to license/certify and provide technical assistance to health care facilities.

Outputs:

Number of Health Care Professionals Licensed, Permitted, Certified, Placed on Registry or Registered	90,125	92,028
Number of Complaint Investigations Conducted	1,654	1,736

Efficiencies:

Average Number of Days for Professional Accreditation	16	16
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C.2.1. Strategy: LABORATORY

\$ 20,126,921 \$ 20,118,458

Operate a state-of-the-art reference laboratory to provide essential support to disease prevention and other TDH associateship programs in the isolation, identification, detection and verification of living/non-living agents which cause disease and disabilities.

Outputs:

Work Time Units Produced	34,780,100	34,780,100
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Efficiencies:

Cost per Work Time Unit	.699	.699
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Total, Goal C: HEALTH CARE STANDARDS

\$ 34,944,871 \$ 34,804,547

D. Goal: PROMOTE EQUITABLE ACCESS

Minimize disparities in health status among all population groups. Promote reduction in disease and conditions which disproportionately affect minority populations. Advocate public health resources in a rational and equitable manner. Work to obtain the support and commitment of elected officials at all levels to maintain and enhance the public's health.

Outcomes:

Number of Infant Deaths per Thousand Live Births (Infant Mortality Rate)	7.1	7
Percentage of Low Birth Weight Births	7.2%	7.2%
Number of Pregnancies to Females Age 13 to 19 per 1000 Age 13-19 (Teen Pregnancy Rate)	73.2	72.7
Percent of Eligible Population Screened	80%	80%
Percentage of Primary Health Care Eligible Indigent Patients With a Primary Health Care Provider	7.1%	7.7%

DEPARTMENT OF HEALTH
(Continued)

D.1.1. Strategy: MATERNAL AND CHILD HEALTH	\$	112,529,184	\$	112,529,159
Provide easily accessible maternal and child health services to low income women, infants, children and adolescents, including children with special health care needs.				
Outputs:				
Number of Infants and Children Age 1-20 Provided Services		207,722		207,722
Number of Women Provided Services		77,700		77,700
Efficiencies:				
Average Cost per Client Visit for Regional Maternal and Child Health Services		116.71		116.71
D.1.2. Strategy: FAMILY PLANNING	\$	129,583,218	\$	129,583,219
Increase family planning services throughout Texas for teens and adult women.				
Outputs:				
Number of Women and Adolescents Receiving Family Planning Services		528,012		528,012
Efficiencies:				
Average Annual Cost per Family Planning Client		239.72		246.49
D.1.3. Strategy: MEDICALLY DEPENDENT CHILDREN WAIVER	\$	12,301,496	\$	12,301,496
Medically Dependent Children (MDCP Waiver)				
Outputs:				
MDCP Clients Per Month		656		656
Efficiencies:				
MDCP Costs per Month		1,562.69		1,562.69
D.2.1. Strategy: EPSDT MEDICAL AND DENTAL	\$	236,987,330	\$	282,863,997
Provide access to quality preventive and comprehensive diagnostic/ treatment services for eligible clients by maximizing the use of primary prevention, early detection and management of health care, and dental care in accordance with all federal mandates.				
Outputs:				
Number of EPSDT Medical Screens Performed		1,480,500		1,571,600
Number of Medical Providers		2,110		2,530
Number of EPSDT Dental Treatments Performed		4,342,800		5,211,300
Number of Active EPSDT Dental Providers		2,145		2,360
Number of EPSDT Clients Receiving Dental Treatments		646,200		807,800
Efficiencies:				
Average Cost per Client		83.97		84.63
Cost per Medical Screen		52.49		52.91
Average Cost per Dental Treatment		28.88		29.06
D.3.1. Strategy: COMMUNITY HEALTH SERVICES	\$	20,133,643	\$	20,133,643
Develop systems of primary and preventive health care delivery to alleviate the lack of health care in underserved areas of Texas; and develop and implement program policies that are sensitive and responsive to minority populations; and, in addition provide stipends to Texas Medical School residents.				
Outputs:				
Number of COPC Eligible Patients Provided a Health Care Home		160,999		160,999
Number of Minority Health Initiatives Implemented		8		8

DEPARTMENT OF HEALTH
(Continued)

Efficiencies:

Average Cost per Patient for COPC per Year	120	120
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D.3.2. Strategy: RURAL HEALTH CARE ACCESS	\$ 1,427,312	\$ 1,427,312
Develop programs to alleviate the lack of access to primary and preventive health care in rural areas of Texas.		

Outputs:

Number of Rural Health Initiatives Developed	1	1
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Efficiencies:

Program Cost per Rural County	7,053	7,053
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Total, Goal D: PROMOTE EQUITABLE ACCESS	\$ 512,962,183	\$ 558,838,826
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E. Goal: COORDINATED HEALTH SYSTEM

Establish a coordinated, unified statewide system of public health. Provide for effective public health policy leadership in every area of the state. Be involved with other health, human services, and environmental agencies, the private sector and the public in the development of policy and delivery of services.

Outcomes:

Percentage of Data and Information Requests Satisfied with Standard Reports	70%	70%
Number of Requests for Statistics Completed	1,900	1,950
Percentage of Deaths Due to Trauma	7.2%	7.1%

E.1.1. Strategy: VITAL STATISTICS	\$ 2,868,704	\$ 2,868,704
Provide for a cost-effective, timely and secure system for recording, certifying, and disseminating information relating to births, fetal deaths, marriages, and divorces occurring in this state.		

Outputs:

Number of Records Filed	750,000	755,000
Number of Birth/Death Records Matched	30,000	30,000

Efficiencies:

Average Number of Days to Certify or Verify Records	10	10
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E.1.2. Strategy: HEALTH DATA & POLICY	\$ 1,866,231	\$ 1,866,231
Collect, analyze and distribute data concerning health trends, status, and systems as tools for decision-making and policy-setting.		

Outputs:

Number of Requests for Statistics Completed	3,700	3,700
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Efficiencies:

Average Number of Days to Complete Statistics Requests	2	2
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E.2.1. Strategy: COUNTY INDIGENT HEALTH	\$ 6,041,832	\$ 6,041,736
Provide support activities to local governments that provide county indigent health care services.		

Outputs:

Counties Receiving State Matching Funds	17	17
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DEPARTMENT OF HEALTH
(Continued)

E.2.2. Strategy: HEALTH CARE COORDINATION	\$ 9,857,340	\$ 9,856,340
Provide support activities to local governments that provide county indigent health care services; develop and enhance regionalized emergency health care systems; and guide coordinated activities among the regions and local health departments.		
Outputs:		
Number of Contractors Given Sexual Assault Funds	62	62
Number of Trauma Networks Developed	2	0
Efficiencies:		
Cost per Trauma Network Developed	52,500	0
E.2.3. Strategy: TDH HOSPITALS	<u>\$ 25,770,081</u>	<u>\$ 25,770,081</u>
Provide for more than one level of care for tuberculosis; infectious diseases and chronic respiratory disease patients, provided in systematic coordination among the two hospitals, public health regions, medical schools, and private health care providers.		
Outputs:		
Number of Inpatient Days, San Antonio Chest Hospital	28,500	28,500
Number of Inpatient Days, South Texas Hospital	23,725	23,725
Number of Outpatient Visits, San Antonio Chest Hospital	10,000	10,000
Number of Outpatient Visits, South Texas Hospital	29,932	29,932
Efficiencies:		
Average Length of Stay, San Antonio Chest Hospital	45	45
Average Length of Stay, South Texas Hospital	24	24
Average Cost per Patient Day, San Antonio Chest Hospital	375	375
Average Cost per Patient Day, South Texas Hospital	362	362
Average Cost per Outpatient Visit, San Antonio Chest Hospital	175	175
Average Cost per Outpatient Visit, South Texas Hospital	63	63
Total, Goal E: COORDINATED HEALTH SYSTEM	<u>\$ 46,404,188</u>	<u>\$ 46,403,092</u>
F. Goal: CONTINGENCY APPROPRIATIONS		
F.1.1. Strategy: CONTINGENCY APPROPRIATION, HB 682	\$ 38,316	\$ 32,652
F.1.2. Strategy: CONTINGENCY APPROPRIATION, HB 1048	\$ 845,654	\$ 1,661,539
F.1.3. Strategy: CONTINGENCY APPROPRIATION, HB 1193	\$ 102,834	\$ 97,834
F.1.4. Strategy: CONTINGENCY APPROPRIATION, HB 2022	\$ 430,281	\$ 1,984,531
F.1.5. Strategy: CONTINGENCY APPROPRIATION, SB 544	<u>\$ 622,506</u>	<u>\$ 815,782</u>
Total, Goal F: CONTINGENCY APPROPRIATIONS	<u>\$ 2,039,591</u>	<u>\$ 4,592,338</u>
G. Goal: INDIRECT ADMINISTRATION		
G.1.1. Strategy: CENTRAL ADMINISTRATION	\$ 14,838,983	\$ 14,838,983
G.1.2. Strategy: INFORMATION RESOURCES	\$ 7,303,510	\$ 7,303,510

DEPARTMENT OF HEALTH
(Continued)

G.1.3. Strategy: OTHER SUPPORT SERVICES	\$ 9,070,343	\$ 9,070,343
G.1.4. Strategy: REGIONAL ADMINISTRATION	\$ 9,662,196	\$ 9,662,196
Total, Goal G: INDIRECT ADMINISTRATION	\$ 40,875,032	\$ 40,875,032
Grand Total, DEPARTMENT OF HEALTH	<u>\$ 6,551,068,734</u>	<u>\$ 6,977,275,975</u>
Method of Financing:		
General Revenue Fund	\$ 249,005,475	\$ 250,960,039
General Revenue Related Fees	11,848,353	11,847,753
Medical Assistance Payments from General Revenue	<u>2,002,240,542</u>	<u>2,198,314,211</u>
Total, General Revenue Fund and Fee Receipts	\$ 2,263,094,370	\$ 2,461,122,003
Premium Credits (State Share), estimated	15,048,000	15,248,000
Vendor Drug Rebates (State Share), estimated	69,889,573	46,776,714
Fees, Consolidated General Revenue	10,559,576	11,325,037
Earned Federal Funds, estimated	<u>16,445,203</u>	<u>17,222,328</u>
Total, General Revenue Consolidated	\$ 111,942,352	\$ 90,572,079
Federal Funds, estimated	4,142,427,423	4,391,928,755
Appropriated Receipts, estimated	1,323,169	1,323,169
Appropriated Receipts, Chest Hospitals, estimated	8,116,980	8,116,980
Appropriated Receipts, Medicaid Reimbursements, estimated	12,611,662	12,611,662
Interagency Contracts	10,002,778	10,051,327
State Highway Fund No. 006	<u>1,550,000</u>	<u>1,550,000</u>
Total, Other Funds	\$ 33,604,589	\$ 33,653,138
Total, Method of Financing	<u>\$ 6,551,068,734</u>	<u>\$ 6,977,275,975</u>
Number of Positions (FTE)	6,836.5	6,836.5
Schedule of Exempt Positions		
Commissioner of Health, Group 6	\$148,683	\$148,683

1. **Capital Budget.** None of the funds appropriated above may be expended for capital budget items except as listed below. The amounts shown below shall be expended only for the purposes shown and are not available for expenditure for other purposes. Amounts appropriated above and identified in this provision as appropriations either for "Lease payments to the Master Equipment Lease Purchase Program" or for items with an "(MELPP)" notation shall be expended only for the purpose of making lease-purchase payments to the Texas Public Finance Authority pursuant to the provisions of V.T.C.S., Art. 601d, Sec. 9A.

DEPARTMENT OF HEALTH
(Continued)

	<u>1996</u>	<u>1997</u>
a. Acquisition of Information Resource Technologies		
(1) WIC Automation	\$ 3,020,000	\$ 3,245,000
(2) Maternal & Child Health ICES Project	<u>\$ 1,591,892</u>	<u>\$ 1,591,892</u>
Total, Acquisition of Information Resource Technologies	<u>\$ 4,611,892</u>	<u>\$ 4,836,892</u>
b. Acquisition of Capital Equipment		
(1) Telephone Systems	120,000	120,000
(2) Laboratory Equipment	<u>\$ 1,972,515</u>	<u>\$ 1,305,190</u>
Total, Acquisition of Capital Equipment	<u>\$ 2,092,515</u>	<u>\$ 1,425,190</u>
c. Lease payments to the Master Equipment Lease Purchase Program (1992/1995)	<u>\$ 345,030</u>	<u>\$ 144,573</u>
Total, Capital Budget	<u>\$ 7,049,437</u>	<u>\$ 6,406,655</u>

Method of Financing (Capital Budget):

General Revenue Fund	\$ 345,030	\$ 144,573
Federal Funds	4,611,892	4,836,892
Appropriated Receipts, Medicaid Reimbursements	1,972,515	1,305,190
Earned Federal Funds	<u>120,000</u>	<u>120,000</u>
Total, Method of Financing	<u>\$ 7,049,437</u>	<u>\$ 6,406,655</u>

2. **Authorization to Receive, Administer, and Disburse Federal Funds.** The appropriations made herein may be used to match federal funds granted to the state for the payment of personal services and other necessary expenses in connection with the administration and operation of a state program of public health services. Notwithstanding the General Provisions of this Act, the Texas Board of Health is hereby authorized to receive and disburse in accordance with plans acceptable to the responsible federal agency, all federal moneys that are made available (including grants, earnings, allotments, refunds and reimbursements) to the state for such purposes, and to receive, administer, and disburse federal funds for federal regional programs in accordance with plans agreed upon by the Department of Health and the responsible federal agency, and such other activities as come under the authority of the Texas Board of Health, and such moneys are hereby appropriated to the specific purpose or purposes for which they are granted or otherwise made available.
3. **Rate of Per Diem.** Out of the funds appropriated above, the Department of Health is hereby authorized to pay board members in accordance with the General Provisions of this Act.
4. **Immunization of Employees.** Moneys appropriated above may be expended for any immunization which is required of employees at risk in the performance of their duties.
5. **Genetic Counseling Service.** The Department of Health is authorized to charge for genetic counseling services at a rate not to exceed the actual cost of providing such services. The department shall develop a fee structure to allow full recovery of cost to the maximum extent

DEPARTMENT OF HEALTH
(Continued)

possible. However the fee structure shall be based on ability to pay in order to insure that indigent individuals are not denied services. The proceeds from such charges shall be retained and used by the department for the continued provision of such preventative services.

6. **Texas Department of Transportation Transfers.** Any funds transferred from the Texas Department of Transportation are hereby appropriated for emergency medical services improvements. All unexpended balances of these funds at the close of the fiscal year ending August 31, 1996, are reappropriated for the fiscal year beginning September 1, 1996.
7. **Medical Assistance Payments and Unexpended Balances.** Funds for Medical Assistance payments appropriated hereinabove out of the General Revenue Fund for Medicaid services shall be payable in equal monthly installments on the first day of each calendar month; provided, however, that any balances on hand in such funds may be carried over from month to month during each fiscal year and from fiscal year 1996 to fiscal year 1997, and such funds are reappropriated to the department for the 1996-97 biennium.
8. **Attorney General Representation.** The Attorney General and the Commissioner of Health are authorized to jointly select one or more Assistant Attorneys General to be assigned to the Texas Department of Health for the purpose of assisting with the legal work of the department and, more particularly, of representing the department in lawsuits.
9. **Reappropriation of Federal and Local Funds.** All funds received by the department from counties, cities, federal agencies and from any other local source and all balances from such sources as of August 31, 1995, are hereby appropriated for the biennium ending August 31, 1997, for the purpose of carrying out the provisions of this Act.
10. **Risk Stabilization Reserve.** Upon termination of a contract with the insurance carrier for purchased health insurance, the state's share of the refunds of the unexpended balance in the risk stabilization reserve shall be deposited in the General Revenue Fund and such funds are not reappropriated to the Department of Health.
11. **Appropriation of Receipts: Civil Monetary Damages and Penalties.** Out of funds appropriated above related to civil monetary damages and penalties under Human Resources Code Section 32.039 and Health and Safety Code Section 431.047, there are appropriated to the department amounts equal to the costs of the investigation and collection proceedings conducted under that section, and any amounts collected as reimbursement for claims paid by the department. In the event that these revenues collected pursuant to Health and Safety Code Section 431.047 should be less than \$100,000 each year, the Legislative Budget Board may direct that the Comptroller of Public Accounts reduce the appropriation authority provided above to be within the amount of revenue expected to be available.
12. **Payment of Hospital Providers.** At the hospital's option, all payments from funds appropriated for Acute Care Services made to hospitals with 100 or fewer licensed beds may be reimbursed under a cost-reimbursement methodology authorized by the Tax Equity and Fiscal Responsibility Act of 1984 (TEFRA), using the most current available cost figures. Hospitals reimbursed under TEFRA cost principles shall be paid without the imposition of the TEFRA cap.

At initial cost settlement of the hospital's fiscal year, the Department of Health shall determine the amount of reimbursement the hospital would have been paid under TEFRA cost principles, and if the amount of reimbursement under the TEFRA principles is greater than the amount of reimbursement received by the hospital under the prospective payment system, the Department of Health shall reimburse the hospital the difference.

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(Continued)

13. **State Chest Hospital Provisions.** The State Chest Hospitals operated by the Department of Health are the South Texas Hospital and the San Antonio State Chest Hospital. The Provisions applying to the State Chest Hospitals are as follows:
- a. In addition to salary, the Hospital Directors of the State Chest Hospitals are authorized a house, utilities, and supplement from the department's Medical Services Trust Fund.
 - b. The professional liability insurance premiums may be paid for physicians employed by the State Chest Hospitals out of the appropriations from the fees for physician services.
 - c. It is the intent of the Legislature that the Department of Health develop interagency agreements with the Texas Department of Mental Health and Mental Retardation (TDMHMR) so that medical and surgical services, auxiliary services, pharmacy and laboratory services and other support services of TDMHMR facilities are provided to the extent possible by the two State Chest Hospitals. The San Antonio State Chest Hospital shall provide utilities and inpatient treatment and care services to the San Antonio State Hospital and the San Antonio State School without reimbursement.
 - d. Out of the funds appropriated above the South Texas Hospital shall support medical education through the South Texas Family Practice Residency Program-McAllen with the cooperation of the University of Texas Health Science Center at San Antonio.
 - e. Third party collections (appropriated receipts) collected by the Department of Health Chest Hospitals are hereby appropriated to E.2.3. TDH Hospitals for the provision of services.
 - f. It is expressly provided that the State Chest Hospitals, to the extent permitted by law, may pay FSLA exempt and FSLA non-exempt employees on a straight-time basis for work on a holiday or for regular compensatory time hours when the taking of regular compensatory time off would be disruptive to normal business functions.
14. **Local Health Department Contracts.** None of the funds appropriated above for contracts with Local Health Departments may be expended unless contract amounts are rendered under the terms and conditions of need-based contracts. To determine need for each local health department, the department shall establish levels of fee revenue and/or program income utilizing the fee schedule used by the public health regions. Using expected revenue collections, the department shall establish performance based objectives for the local health departments. Allocations shall be based on established need and the attainment of objectives delineated in the contracts.
15. **Transfer Authority.** Subject to the limitations contained in provision number 50, Limitation: Transfer Authority, the Department of Health may exercise its authority to transfer appropriated funds between items of appropriation, an amount not to exceed 35 percent in each fiscal year of any item of appropriation made to the department may be transferred to another item of appropriation of the department upon approval by the Board of Health, subject to the following limitations:
- a. At least 14 days prior to any transfer of funds within the appropriation for the Department of Health and at least 14 days prior to a meeting of the Board of Health to adopt any program expansion, notification shall be made to the Governor's Office of Budget and Planning and the Legislative Budget Board.
 - b. Notifications shall include information regarding the source of funds to be transferred; any changes in federal funds related to the proposed transfer; the strategy from which the

DEPARTMENT OF HEALTH
(Continued)

transfer is to be made and the strategy to which the transfer is to be made; the need which was to be served through the original appropriation and the basis for the decrease in need; the need to be served in the strategy receiving the funds and the basis for such selection and the amounts of funds to be spent on direct client services as opposed to both general and operating support costs. In the event program expansions are under consideration, information shall be forwarded regarding the population to be served; criteria for eligibility; source of funding; and impact on existing programs.

- c. In the event that transfers are made, a written report shall be forwarded to the Governor's Office of Budget and Planning, the Legislative Budget Board and the State Comptroller within seven days after the transfer. The report shall include the information detailed in "b." and identify the impact on established performance targets, measures, and full-time equivalents.
16. **Disposition of Appropriation Transfers from State-Owned Hospitals.** The Department of Health shall use the sums transferred from state owned hospitals as provided elsewhere in the Act as necessary to apply for appropriate matching federal funds and to provide the state's share of disproportionate share payments due to state owned hospitals. Any amounts of such transferred funds not required for disproportionate share payments shall be deposited by the Department of Health to the General Revenue Fund as unappropriated revenue. At the beginning of each fiscal year, the Department of Health shall present a schedule of projected transfers and payments to the Comptroller of Public Accounts, the Governor, and the Legislative Budget Board for their approval. Subsequent to approval of the projected schedule, the Comptroller of Public Accounts shall approve all payments and transfers.
17. **Transfers of Appropriations—State-Owned Hospitals.** The State Chest Hospitals shall transfer from non-Medicaid state appropriated funds \$12,018,022 in fiscal year 1996 and \$11,467,298 in fiscal year 1997 to the Department of Health. The timing and form of such transfers shall be determined by the Comptroller of Public Accounts in consultation with the Department of Health. The Governor and the Legislative Budget Board is authorized to adjust the amounts of such transfers as necessary to match available federal funds.
18. **Disproportionate Share Hospital Eligibility.** A hospital that provides health care to indigents pursuant to an agreement or contract with a state agency or department, at no cost to the state, may be eligible as a disproportionate share hospital under Chapter 61, Health and Safety Code, and the Texas Medicaid program. Such hospital's total expenditures for indigent health care, according to such agreement or contract, may be credited as local revenue to be used to determine disproportionate share eligibility.
19. **Professional Liability Insurance Premiums.** From the appropriations made above, the Department may also pay the professional liability premiums for those physicians, dentists, hygienists, nurses, and other medical personnel involved in providing medical and dental care in the Department's clinical operations.
20. **Transfer for Health Professions Council.** Out of funds appropriated above in Strategy C.1.1. Health Care Standards and Licensing, an amount equal to \$10,896 each year (1996 and 1997) shall be used only for transfer to, and expenditure by, the Health Professions Council as the pro rated assessment of the Health Licensing Division of the Department of Health.
21. **Reimbursement of Advisory Committee Members.** Pursuant to V.T.C.S. Article 6252-33, reimbursement of expenses for advisory committee members, out of funds appropriated above, is limited to the following advisory committee: Family Planning Advisory Council, State Preventive Health Advisory Committee, and Oral Health Advisory Committee.

DEPARTMENT OF HEALTH
(Continued)

22. **Limitation, Buildings and Facilities.** None of the funds appropriated above may be used for construction of any new buildings or facilities without specific authorization from the Legislature. The Department may not obligate funds appropriated above for the purpose of leasing laboratory space or contracting for the lease-purchase of any space without specific authorization from the Legislature.
23. **Appropriations Limited to Revenue Collections.** It is the intent of the Legislature that fees, fines and other miscellaneous revenues as authorized and appropriated above are limited to the amounts identified in each strategy and that the fee revenue cover, at a minimum, the cost of the appropriations made including employee matching costs and any other direct operating costs. In the event that actual and/or projected revenue collections are insufficient to offset agency costs, the Legislative Budget Board may direct that the Comptroller of Public Accounts reduce the appropriation authority provided above to be within the amount of revenue expected to be available.
24. **Vendor Drug Rebates.** The Department of Health is authorized to expend Medicaid rebate revenues pursuant to the federal requirements of the Omnibus Budget and Reconciliation Act of 1990. Expenditures shall be made from balances available on September 1, 1995 and from rebates anticipated in fiscal years 1996 and 1997. In the event these rebate revenues should be greater than included above, the department shall be authorized to expend the state funds thereby made available for client services provided by the Medicaid Program, subject to the following limitations:
 - a. At least 14 days prior to any use of drug manufacturer rebates or meeting of the Board of Health to adopt any program expansion, the department shall report the rebates collected and provide documentation of the proposed use of these funds for client services to the Legislative Budget Board, Governor's Office of Budget and Planning, Health and Human Services Commission, and State Medicaid Director.
 - b. Notifications shall include information regarding the need which will be served with the additional revenue. In the event program expansions are under consideration, information shall be forwarded regarding the population to be served; criteria for eligibility; and impact on existing programs.
 - c. The report shall include the information detailed in "b" and identify the impact on established performance targets, measures, and full-time equivalents.
25. **Vendor Drug Reimbursement Methodology.** By September 30, 1995, the Texas Department of Health and the State Medicaid Office shall submit a Medicaid State Plan Amendment to modify the Vendor Drug Program's reimbursement methodology to reduce the dispensing fee to reflect current market practices and rates, to be effective retroactively to September 1, 1995.
26. **Appropriation of Radiation and Perpetual Care Funds.** Any revenue collected and deposited in the Radiation and Perpetual Care Fund During this biennium or any biennium is hereby appropriated beginning with the effective date of this Act.
27. **Unexpended Balances - Prevention and Promotion.** Subject to the approval of the Board of Health, all unexpended balances not otherwise restricted from appropriations to Goal A: Prevention and Promotion, at the close of the fiscal year ending August 31, 1996, are appropriated for the fiscal year beginning September 1, 1996.
28. **Transfers for Funds Consolidation.** For the purpose of funds consolidation and Medicaid payments, federal funds may be transferred into the General Revenue Fund from Department

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(Continued)

of Health Fund 273. The initial deposit of Medicaid federal funds shall be made into Fund 273 but no direct expenditures for the Medicaid program shall be made from this fund.

29. **Accounting of Support Costs.** The State Comptroller shall establish separate accounts from which certain support costs shall be paid. The Department of Health is hereby authorized to make transfers into these separate accounts from line item strategies in order to pay for these expenses in an efficient and effective manner. Only costs not directly attributable to a single program may be budgeted in or paid from these accounts. Items to be budgeted in and paid from these accounts include but are not limited to: postage, occupancy costs, equipment repair, telephones, office printing costs, supplies, freight and transport costs, telephone system costs and salary and travel costs of staff whose function supports several programs. The department shall be responsible for monthly allocations of these costs to the original strategies.
30. **Cost-recovery Through Fee Revenue.** The Board of Health shall review all of the fee schedules within its authority on an annual basis. It is the intent of the Legislature that fees be set to recover the cost of providing services to the extent feasible.
31. **Scholarships and Internships.** It is the intent of the Legislature that the Texas Department of Health be allowed to develop scholarships and internships to positively affect the availability of a qualified, well educated public health work force.
32. **Higher Education via Distance Learning.** It is the intent of the Legislature that staff of the Texas Department of Health may participate in educational activities with state institutions of higher education through distance learning in order to positively influence the availability of well-trained health professionals in Texas.
33. **Relocation of Health Professionals.** It is the intent of the Legislature that the Texas Department of Health be allowed to expend funds for movement of household goods to relocate newly hired physicians and other health care professionals which may periodically fall into the category of a "shortage occupation".
34. **Diabetes Council.** Out of funds appropriated above in Strategy A.3.3., Preventable Diseases, an amount not to exceed \$3,750,000 each fiscal year of the 1996-97 biennium shall be used by the department in the expansion of diabetes services. Diabetes services include, but are not restricted to nutrition programs, professional education, public information, and the provision of diabetic medications and supplies.
35. **Funding for the Texas Radiation Advisory Board.** Out of funds appropriated above the department is authorized to reimburse advisory committee members serving on the Texas Radiation Board committee; reimbursements shall not exceed \$8,200 each year of the biennium.
36. **HIV Grants.** In the process of determining recipients of HIV grants, the department must establish a procedure for scoring and evaluating grant applications. The procedure must have clear and consistent guidelines and use quantitative and qualitative evaluation tools that are explicitly stated to applicants prior to the beginning of the grant cycle. The procedure that is initially developed may not be altered throughout the same grant cycle. In the event of a tie in the scoring and evaluating of grant applications, the grant will be awarded to the public health entity.
37. **Outstanding Rural Scholar Fund Appropriations.** Out of funds appropriated above, community financial support received by the Department of Health and deposited into the department's Outstanding Rural Scholar Fund during this biennium or any previous biennium

DEPARTMENT OF HEALTH
(Continued)

is hereby appropriated to the Department with the effective date of this Act for the purposes specified in Health and Safety Code Section 106. In the event that these revenues should be less than \$496,292 in the 1996-97 biennium, the Legislative Budget Board may direct that the Comptroller of Public Accounts reduce the appropriation authority provided above to be within the amount of revenue expected to be available.

38. **Appropriations of Fees.** Out of funds appropriated above, any revenue collected related to the assessment of fees collected by the Sexual Assault Program are hereby appropriated for the biennium beginning with the effective date of this Act for the purposes of implementing the provisions passed by the Seventy-third Legislature relating to the Sexual Assault Program. In the event that these revenues should be less than appropriated above (\$26,000) in the 1996-97 biennium, the Legislative Budget Board may direct that the Comptroller of Public Accounts reduce the appropriation authority to be within the amount of revenue expected to be available.
39. **Hypertension Study.** Out of the funds appropriated above in Strategy A.3.3. Preventable Diseases, an amount of \$250,000 in general revenue funds each fiscal year of the 1996-97 biennium shall be used to conduct a comprehensive study to determine the prevalence of hypertension. It is the intent of the Legislature that the study be conducted in conjunction with Texas A&M University at College Station and its component institutions, including Texas A&M University-Corpus Christi, Texas A&M University-Kingsville, Texas A&M International University, and Prairie View A&M University.
40. **Osteoporosis Education Program.** Contingent on the enactment of Senate Bill 606, Seventy-fourth Legislature, Regular Session, or similar legislation, out of funds appropriated above not to exceed \$250,000 in each fiscal year of the biennium the department shall implement a program to educate the public regarding the causes and detection of, and treatment for, osteoporosis.
41. **Childhood Lead Registry.** Out of funds appropriated above in Strategy A.3.3. Preventable Diseases, an amount of \$65,000 in general revenue funds each fiscal year of the 1996-97 biennium shall be used to establish a childhood lead registry. This appropriation is contingent upon the enactment of Senate Bill 269 or similar legislation establishing a registry of children with elevated blood lead levels of concern and poisoning.
42. **Case Management for Children with Special Health Care Needs.** The Texas Department of Health shall conduct a study of programs utilizing parents as independent case managers for children with special health care needs. The study shall examine the potential cost, potential abuses, and service benefits to the state and the advisability of including parents as case managers in managed care plans for children with special health care needs. The Department shall maintain current contracts for independent case management utilizing parents as case managers without any additional restrictions through August 31, 1997, for the purpose of conducting the study.
43. **Use of Additional Premium Credits.** The Department of Health is authorized to receive and spend premium credits and interest earnings generated from fund balances with the Risk Stabilization Reserve as defined in the contractual agreement with the National Heritage Insurance Company except for those interest earnings related to the Cash Management Improvement Act (CMIA). The use of the credits and interest earnings is limited to funding services for Medicaid clients. In the event that these revenues should be greater than the amounts identified above, the department shall be authorized to expend these state funds thereby made available, subject to the following limitations:

DEPARTMENT OF HEALTH
(Continued)

- a. At least 14 days prior to any use of additional premium credits or meeting of the Board of Health to adopt any program expansion, the department shall report the premium credits and interest earned and provide documentation of the proposed use of these funds for client services to the Legislative Budget Board, Governor's Office of Budget and Planning, Health and Human Services Commission, and State Medicaid Director.
 - b. Notifications shall include information regarding the need which will be served with the additional revenue. In the event program expansions are under consideration, information shall be forwarded regarding the population to be served; criteria for eligibility; and impact on existing programs.
 - c. The report shall include the information detailed in "b" and identify the impact on established performance targets, measures, and full-time equivalents.
44. **Dispensing Fee for Rural Pharmacists.** It is the intent of the Legislature that the Department of Health review the need for a special Medicaid dispensing fee for pharmacists in rural communities.
45. **Prenatal Care Public Awareness Program.** Out of the funds appropriated above, the Texas Department of Health shall conduct a statewide prenatal care public awareness program as described in the final report of the Texas Commission on Children and Youth.
46. **Dental Services Plan.** Out of the funds appropriated above, the Texas Department of Health shall develop a statewide plan to increase the accessibility of dental services for children eligible for Medicaid as described in the final report of the Texas Commission on Children and Youth.
47. **EMS Grants.** Funds appropriated above include \$3,100,000 for the biennium from the State Highway Fund 006 which are appropriated to the Department of Health to improve emergency medical services through grants to local emergency medical services providers and related activities. Criteria used to select grant recipients shall include factors designed to maximize the degree to which the recipients represent all geographic areas of the state.
48. **Appropriated Receipts, Laboratory.** Revenues collected as third party reimbursements from the Medicaid Program by the Reference Laboratory at the Department of Health and deposited as appropriated receipts are hereby appropriated to the department for the 1996-97 biennium.
49. **Allocation of Appropriated Funds.** Out of funds appropriated above, the sum of \$2.7 million (general revenue) in fiscal year 1996 and \$2.7 million (general revenue) in fiscal year 1997 is allocated to the Midland County Hospital District for medical operations and facilities in connection with Permian Basin surgical and primary care residencies to be conducted at the hospital of the Midland County Hospital District with the Texas Tech University Health Sciences Center. The appropriated funds shall be expended in accordance with the contractual agreement between the Midland County Hospital District and the Department and only for improvement and equipping of the surgical and medical facilities and related costs of operation. Appropriated funds may not be expended for this purpose until the hospital district certifies in writing to the Department that \$2.0 million has been donated from private funds to the hospital for these purposes.
50. **Limitation: Transfer Authority.** Notwithstanding any other provision of this Act, none of the funds appropriated by this Act to the Texas Department of Health for
- i. Medicaid Strategies in Goal B;

DEPARTMENT OF HEALTH
(Continued)

- ii. D.1.2. Family Planning;
- iii. D.1.3. Medically Dependent Children; and
- iv. D.2.1. EPSDT Medical and Dental

may be transferred to any other item of appropriation or expended for any purpose other than the specific purpose for which the funds are appropriated, however, transfers may be made between Medicaid Strategies in accordance with other provisions in this Act.

51. Additional Funding Sources, Medicaid. If the appropriations provided by this Act for

- i. Medicaid Strategies in Goal B;
- ii. D.1.2. Family Planning;
- iii. D.1.3. Medically Dependent Children; and
- iv. D.2.1. EPSDT Medical and Dental

are not sufficient to provide for expenditures mandated by either state or federal law, after accounting for any appropriations made to the Department and available for transfer to these programs, the Legislative Budget Board and the Office of the Governor may provide for and are hereby authorized to direct the transfer of sufficient amounts of funds to the Department from appropriation made elsewhere in this Act.

52. Medicaid and Other Reporting Requirements.

- a. None of the funds appropriated by this Act to the Texas Department of Health may be expended or distributed by the Department unless:

- (1) the Department submits to the Legislative Budget Board and the Office of the Governor a copy of each report submitted to the federal government relating to the Medicaid program. This shall include, but is not limited to:

- i. expenditure data;
- ii. caseload data;
- iii. premium credit, or refunds;
- iv. interest earnings.

Such reports shall be submitted to the Legislative Budget Board and the Office of the Governor no later than the date the respective report is submitted to the federal government, and

- (2) the Department submits to the Legislative Budget Board and Office of the Governor at the end of each month i.) a report detailing the Medicaid and Medicare caseload figures and related expenditure amounts for the preceding month and ii.) a report projecting the anticipated Medicaid and Medicare caseloads for the 36 months period beginning with first month after the report is due.

- b. Each report submitted to the Legislative Budget Board and the Office of the Governor pursuant to this provision must be accompanied by supporting documentation detailing the sources and methodologies utilized to develop any caseload or cost projections contained in each respective report and any other supporting materials as specified by the Legislative Budget Board and the Office of the Governor.
- c. Each report submitted pursuant to this provision must contain a certification by the person submitting the report, that the information provided is true and correct based upon information and belief together, with supporting documentation.

DEPARTMENT OF HEALTH
(Continued)

- d. The Comptroller of Public Accounts shall not allow the expenditure of funds appropriated by this Act to the Texas Department of Health if the Legislative Budget Board and the Office of the Governor certifies to the Comptroller of Public Accounts that the Department of Health is not in compliance with this provision.
53. **Earned Federal Funds.** All unexpended balances of Earned Federal Funds remaining as of August 31, 1995, are hereby appropriated for the same purposes for use during the biennium beginning September 1, 1995. Any balances on hand at the end of fiscal year 1996 may be carried over to fiscal year 1997, and such funds are appropriated to the department for fiscal year 1997. The authority to receive and expend earned federal fund balances in excess of those appropriated above is subject to the following limitations:
- a. At least 14 days prior to any use of any earned federal funds or a meeting of the Board of Health to adopt any program expansion, the department shall report the earned federal funds received and provide documentation of the proposed use of these funds to the Legislative Budget Board, Governor's Office of Budget and Planning, and Health and Human Services Commission.
 - b. Notifications shall include information regarding the need which will be served with the additional revenue. In the event program expansions are under consideration, information shall be forwarded regarding the population to be served; criteria for eligibility; and impact on existing programs.
 - c. The report shall include the information detailed in "b" and identify the impact on established performance targets, measures, and full-time equivalents positions.
54. **Contingency Appropriation for House Bill 682.** The appropriation of funds made above in item F.1.1, Contingency Appropriation, House Bill 682, is hereby made contingent upon the enactment of House Bill 682, or similar legislation relating to the regulation of certain animal control officers, by the 74th Legislature, Regular Session. Funds appropriated in that item may be transferred to other appropriate strategies for the purpose of implementing House Bill 682. In no event shall the amount expended out of, or transferred from, item F.1.1., Contingency Appropriation, House Bill 682, exceed the amount of additional revenues generated pursuant to House Bill 682.
55. **Contingency Appropriation for House Bill 1048.** The appropriation of funds made above in item F.1.2., Contingency Appropriation, House Bill 1048, is hereby made contingent upon the enactment of House Bill 1048, or similar legislation relating to the creation of the Texas Health Care Information Office and the Texas Health Care Information Council, by the 74th Legislature, Regular Session. Funds appropriated in that item may be transferred to other appropriate strategies for the purpose of implementing House Bill 1048.
56. **Contingency Appropriation for House Bill 1193.** The appropriation of funds made above in item F.1.3., Contingency Appropriation, House Bill 1193, is hereby made contingent upon the enactment of House Bill 1193, or similar legislation relating to the regulation of orthotists and prosthetists, by the 74th Legislature, Regular Session. Funds appropriated in that item may be transferred to other appropriate strategies for the purpose of implementing House Bill 1193. In no event shall the amount expended out of, or transferred from, item F.1.3., Contingency Appropriation, House Bill 1193, exceed the amount of additional revenues generated pursuant to House Bill 1193.
57. **Contingency Appropriation for House Bill 2022.** The appropriation of funds made above in item F.1.4., Contingency Appropriation, House Bill 2022, is hereby made contingent upon the enactment of House Bill 2022, or similar legislation relating to the construction of laboratory

DEPARTMENT OF HEALTH
(Continued)

and office facilities for the Texas Department of Health, by the 74th Legislature, Regular Session. Funds appropriated in that item may be transferred to other appropriate strategies for the purpose of implementing House Bill 2022. Appropriations of revenue bond proceeds (\$42.3 million) made to the Texas Department of Health for the laboratory project may be transferred and are hereby reappropriated to the General Services Commission for project planning and construction.

General Revenue Consolidated Fees and Earned Federal Funds derived from the operation of the laboratory are appropriated in amounts not to exceed the required debt service payments to the General Services Commission for the payment of lease payments to the Texas Public Finance Authority.

58. **Contingency Appropriation for Senate Bill 544.** The appropriation of funds made above in item F.1.5., Contingency Appropriation, Senate Bill 544, is hereby made contingent upon the enactment of Senate Bill 544, or similar legislation relating to the regulation of lead-based paint activity in target housing, by the 74th Legislature, Regular Session. Funds appropriated in that item may be transferred to other appropriate strategies for the purpose of implementing Senate Bill 544. Funds appropriated above in item F.1.5., may be expended for capital budget purposes notwithstanding other limitations on capital budget expenditures contained in this Act. In no event shall the amount expended out of, or transferred from, item F.1.5., Contingency Appropriation, Senate Bill 544, exceed the amount of additional revenues generated pursuant to Senate Bill 544.
59. **Implementation of Senate Bill 979.** Out of funds appropriated above, \$250,000 in 1996 and \$250,000 in 1997 shall be allocated for the implementation of Senate Bill 979, if such Act should become law.
60. **Alzheimer's Program.** Out of funds appropriated above in Strategy A.3.4., Chronic Disease Services, an amount not to exceed \$100,000 in FY 1996 and \$100,000 in FY 1997 is appropriated for the Alzheimer's Program.

HEALTH AND HUMAN SERVICES COMMISSION

	For the Years Ending	
	August 31, 1996	August 31, 1997
A. Goal: COORDINATE SERVICES		
The Health and Human Services Commission will facilitate and enforce coordinated delivery of health and human services (HHS) in a manner that uses an integrated system to determine client eligibility; maximizes the use of federal, state and local funds; and that emphasizes coordination, flexibility and decision-making at the local level.		
Outcomes:		
Number of Interagency Administrative Support Initiatives	8	9
HUB Compliance for Health and Human Services Agencies	18.8	22.6
Percent of Offices Co-located	45.3%	46.9%

HEALTH AND HUMAN SERVICES COMMISSION (Continued)

A.1.1. Strategy: SERVICE DELIVERY	\$	2,048,397	\$	2,050,586
Direct and evaluate the improvement of the delivery of health and human services.				
Outputs:				
The Number of Regions Served by Coordinated Regional Interagency Councils		11		11
A.1.2. Strategy: PROGRAM COORDINATION	\$	1,544,133	\$	1,544,133
Improve efficiency and effectiveness of health and human services through program collaboration and maximization of resources.				
Outputs:				
Percent (Weighted by Client) of Health and Human Service Programs Whose Client Records Are Identified By An Integrated Electronic Index That Makes Information Accessible Online to Health and Human Services Workers		56%		61%
Number of Counties With Children Evaluated By Interagency Staffing Groups		254		254
Number of Co-located Offices		365		374
Efficiencies:				
Percent of Lease Renewals Resulting in Co-location		30%		30%
A.1.3. Strategy: STATE MEDICAID OFFICE	\$	<u>1,050,653</u>	\$	<u>1,050,653</u>
Set the overall policy direction of the state Medicaid program, manage interagency initiatives to maximize federal dollars and improve quality of services by serving as the single state Medicaid agency.				
Outputs:				
Number of Interagency Projects		6		6
Number of State Plan Amendments, Rules and Advisory Committee Meetings Approved and Coordinated		141		141
Number of Program Changes, Initiatives and Issues Monitored by Staff		30		30
Total, Goal A: COORDINATE SERVICES	\$	<u>4,643,183</u>	\$	<u>4,645,372</u>
B. Goal: INDIRECT ADMINISTRATION				
B.1.1. Strategy: INDIRECT ADMINISTRATION	\$	<u>568,941</u>	\$	<u>562,232</u>
Grand Total, HEALTH AND HUMAN SERVICES COMMISSION	\$	<u>5,212,124</u>	\$	<u>5,207,604</u>
Method of Financing:				
General Revenue Fund	\$	2,437,400	\$	2,432,880
Federal Funds		625,327		625,327
Appropriated Receipts		759,000		759,000
Interagency Contracts		685,133		685,133
Earned Federal Funds		<u>705,264</u>		<u>705,264</u>
Total, Method of Financing	\$	<u>5,212,124</u>	\$	<u>5,207,604</u>
Number of Positions (FTE)		79.0		79.0

HEALTH AND HUMAN SERVICES COMMISSION
(Continued)

Schedule of Exempt Positions

Commissioner, Group 6

\$156,014

\$156,014

1. **Capital Budget.** None of the funds appropriated above may be expended for capital budget items except as listed below. Amounts appropriated above and identified in this provision as appropriations either for "Lease payments to the Master Equipment Lease Purchase Program" or for items with an "(MELPP)" notation shall be expended for the purpose of making lease-purchase payments to the Texas Public Finance Authority pursuant to the provisions of V.T.C.S., Art. 601d, Sec. 9A.

	<u>1996</u>	<u>1997</u>
Out of the General Revenue Fund:		
a. Lease Payments to the Master Equipment Lease Purchase Program (1992-95)	\$ <u>73,604</u>	\$ <u>29,520</u>
Total, Capital Budget	\$ <u>73,604</u>	\$ <u>29,520</u>

2. **Federal Funds Appropriated.** The Health and Human Services Commission is hereby authorized to receive and disburse in accordance with plans acceptable to the responsible federal agency, all federal funds that are made available to the Commission, and to receive, administer, and disburse funds for federal programs in accordance with plans agreed upon by the Commission and the responsible federal agency, and such funds are appropriated to the Health and Human Services Commission to the specific purpose or purposes for which they are granted or otherwise made available.
3. **Budget Authority for Estimated Pass-through Funds.** In addition to the amounts appropriated above for the Health and Human Services Commission, the commission may establish additional budget authority with Comptroller of Public Accounts to reflect other estimated income except from the General Revenue Fund.
4. **Audit of Medicaid Funds.** All transactions involving the transfer or investment of any funds of the Title XIX Medicaid program, held in trust or reserve for the state by any non-governmental entity shall be subject to audit by the State Auditor's Office.
5. **Attorney General Representation.** The Attorney General and the Commissioner of the Health and Human Services Commission are authorized to jointly select one or more Assistant Attorneys General to be assigned to the Health and Human Services Commission for the purpose of assisting with the legal work of the commission and, more particularly, of representing the commission in lawsuits.
6. **Title XX Fund Reduction.** In the event of a reduction in federal Title XX (Social Services Block Grant) funding, the commission should attempt to maintain the affected programs as near to the appropriated levels as possible through use of transfer authority or the allocation of any other available funds. If maintenance of the appropriated levels is not feasible, the commission shall reduce all affected programs in proportion to the total amounts appropriated.
7. **Reimbursement of Advisory Committee Members.** Pursuant to V.T.C.S. Article 6252-33, reimbursement of expenses for advisory committee members, out of funds appropriated above, is limited to the following advisory committees: Hospital Payment Advisory

HEALTH AND HUMAN SERVICES COMMISSION

(Continued)

Committee, Medical Care Advisory Committee, Head Start Collaboration Task Force, and Information and Referral Project Advisory Committee.

8. **Uniform Reporting Standards.** The Health and Human Services Commission shall complete a study of the various reporting requirements and data elements maintained by health and human service agencies under its jurisdiction. Based on its findings, the commission shall make recommendations regarding the standardization of data collection and reporting for health and human services agencies to the Legislative Budget Board and Governor's Office of Budget and Planning by September 1, 1996.
9. **Program Coordination.**
 - (a) The Commissioner of Health and Human Services, in collaboration with the state agencies listed in this section and the Regional Administration for Children and Families Head Start Bureau, the Texas Head Start Association, and the Texas Association of Community Action Agencies shall coordinate the programs, services, eligibility requirements, funding, enrollment periods, fees, and administrative functions of the following programs by no later than December 1, 1996:
 - (1) the child care programs of the Texas Department of Human Services; and
 - (2) the prekindergarten programs of the Central Education Agency.
 - (b) The Commissioner of Health and Human Services shall report the results of the initiative prescribed by this provision to the Legislature on or before December 1, 1996.
 - (c) Nothing in this provision shall be construed to transfer funding for, or the administration of, childcare or prekindergarten programs to the Health and Human Services Commission.
10. **Contingency Appropriation: Matching Grant Program.** Contingent upon enactment of Senate Bill 574, Seventy-fourth Legislature, Regular Session, or similar legislation, \$2,500,000 for fiscal year 1996 and \$2,500,000 for fiscal year 1997 in general revenue is appropriated and shall be used only for the purpose of funding the matching grant program for local child and family commissions. The Commission is hereby authorized to carry forward any remaining unexpended balances in the \$2,500,000 appropriated for fiscal year 1996 and restricted by this provision to fiscal year 1997 to be used for the same purpose.
11. **Contingency for Senate Bill 604.** Out of funds appropriated above in Strategy A.1.3. State Medicaid Office, the expenditure of \$79,542 in fiscal year 1996 and \$51,042 in fiscal year 1997 is hereby made contingent upon the enactment of Senate Bill 604, or similar legislation relating to a pilot program for the establishment of medical savings accounts to assist Medicaid recipients, by the 74th Legislature, Regular Session.

DEPARTMENT OF HUMAN SERVICES

	For the Years Ending	
	August 31, 1996	August 31, 1997
A. Goal: LONG TERM CARE CONTINUUM		
To provide appropriate care based on individual needs ranging from in-home and community-based services for elderly people and people with disabilities who request assistance in maintaining their independence and increasing their quality of life, to institutional care for those who require that level of support, seeking to ensure health and safety and to maintain maximum independence for the client while providing the support required.		
Outcomes:		
Percent of Population at Risk of Nursing Facility Institutionalization Served in the Community	22.14%	21.7%
Percent of LTC Clients Served in Community Settings	55.77%	55.5%
Percent of Providers in Compliance with State and Federal Standards: Nursing Facilities	81.6%	81.6%
Percent of Providers in Compliance with State and Federal Standards: ICF-MR/RC Facilities	99.2%	99.2%
A.1.1. Strategy: COMMUNITY CARE SERVICES	\$ 496,759,348	\$ 510,413,367
Provide assistance with daily needs in homes and community settings which will enable elderly persons, persons with disabilities, and others to maintain their independence and prevent institutionalization.		
Outputs:		
Number of Clients Served per Month: Non-waiver Medicaid Community Care	48,431	52,341
Number of Clients Served Per Month: Non-Medicaid Community Care	27,120	20,865
Number of Clients Served per Month: Nursing Facility Waiver	10,662	12,820
Number of Clients Served per Month: Related Conditions Waiver (CLASS)	777	843
Efficiencies:		
Average Monthly Cost per Client Served: Non-waiver Medicaid Community Care	393.39	393.02
Average Monthly Cost per Client Served: Non-Medicaid Community Care	333.04	333.05
Average Monthly Cost per Client Served: Nursing Facility Waiver	873.31	970.18
Average Monthly Cost per Client Served: Related Conditions Waiver (CLASS)	2,424.94	2,424.94
Average Monthly Cost per Client Served: Total	451.54	483.45
A.1.2. Strategy: IN-HOME & FAMILY SUPPORT	\$ 6,500,000	\$ 6,500,000
Provide cash subsidy and provide reimbursement for capital improvements, purchase of equipment, and other expenses to enable elderly persons and persons with disabilities to maintain their independence and prevent institutionalization.		
Outputs:		
Number of Clients Receiving In-Home/Family Support Cash Subsidy per Month	2,950	2,950

DEPARTMENT OF HUMAN SERVICES
(Continued)

Number of Clients Receiving Capital Expenditure Reimbursement Annually	936	936
Efficiencies:		
Average Monthly Cost of IHFS per Client	141.31	141.31
Average Cost per Capital Expenditure	1,600	1,600
A.1.3. Strategy: LONG TERM CARE ELIGIBILITY	\$ 84,965,649	\$ 86,858,323
Provide timely and accurate eligibility determination for all individuals who apply and service planning and referral for all elderly persons and persons with disabilities who qualify for services.		
Outputs:		
Number of Persons Determined Eligible: Nursing Facilities	66,657	66,990
Number of Persons Determined Eligible: Community Care	98,328	107,521
Number of PASARR Assessments Annually	15,255	14,227
Efficiencies:		
Cost per Eligibility Determination: Nursing Facilities	229.71	212.72
Cost per Eligibility Determination: PASARR Assessment	306.95	304.17
Cost per Eligibility Determination: Community Care	486.4	425.59
LTC Medicaid Eligibility QC Accuracy Rate	99%	99%
A.1.4. Strategy: NURSING FACILITY PAYMENTS	\$ 1,341,470,281	\$ 1,423,484,970
Provide payments which will promote quality care for clients with medical problems which require care and services in nursing facilities.		
Outputs:		
Average Number of Persons Receiving Medicaid-funded Nursing Facility Services per Month	65,657	65,990
Number of Clients Receiving Co-paid Medicaid/Medicare Nursing Facility Services per Month	3,336	3,704
A.2.1. Strategy: SURVEY AND CERTIFICATION	\$ 30,568,881	\$ 30,568,940
Provide training, inspection, and certification services to residential facilities and individuals to ensure compliance with state and federal standards.		
Outputs:		
Number of Complaints Investigated per Month	965	965
Number of Providers Meeting Title XIX Certification	1,367	1,367
Number of Providers Meeting Title XVIII Certification	961	961
Efficiencies:		
Average Cost per Survey	2,550	2,550
Total, Goal A: LONG TERM CARE CONTINUUM	\$ 1,960,264,159	\$ 2,057,825,600

B. Goal: SUPPORT SELF-SUFFICIENCY

To provide prompt, comprehensive, and effective support and preventive services to low-income families that encourage self-sufficiency and long term independence from assistance.

Outcomes:		
Percent of JOBS Eligibles Who Participate in the JOBS Program	10.57%	10.15%
Percent of JOBS Participants Entering Employment Whose Salary is Minimum Wage	23.5%	23.5%
Percent of Food Stamp Population Eligible for the Food Stamp E&T Program Who Participate in the Program	5.7%	5.5%
Percent of Total Children in Poverty Receiving AFDC	42.54%	43.83%
Number of Families on AFDC-Basic for 0 to 24 Months	179,974	179,974
Number of Families on AFDC-Basic for 24 Months or Greater	188,977	188,977

DEPARTMENT OF HUMAN SERVICES
(Continued)

Percent of AFDC Caretakers Who Leave AFDC Rolls Because of Increased Earnings Due to Employment per Year	23%	22.7%
Percent of Poverty Met by AFDC-Basic, Food Stamps and Medicaid Benefits/Family of Three	74.36%	74.89%
Percent of Potential Eligible Population Receiving School Lunch and Breakfast Services	98.91%	99.53%
Percent of Potential Eligible Population Receiving Summer Food Services	9.46%	10.04%
B.1.1. Strategy: EMPLOYMENT SERVICES	\$ 114,037,376	\$ 74,253,866
Administer and provide employment services, including case management life skills training, education, job training, job search assistance, job development, JOBS and Food Stamp E&T child care, reimbursement for employment related transportation, and other support services.		
Outputs:		
Number of Clients Participating in Component Activities/ Month (Unduplicated Count): JOBS	20,077	20,115
Number of Clients Participating in Component Activities/ Month (Unduplicated Count): E&T	10,122	10,122
Number of Participants Entering Employment per Month (Unduplicated Count): JOBS	2,633	2,638
Number of Participants Entering Employment per Month (Unduplicated Count): E&T	1,432	1,432
Number of Children Served Through Child Care Services: JOBS	11,306	10,955
Efficiencies:		
Number of Participants Recommended for Sanctions Due to Failure to Participate	8,010	8,021
Average Cost per Child per Day for Child Care Services	14.76	15.27
B.1.2. Strategy: CHILD CARE SERVICES	\$ 191,268,959	\$ 197,333,040
Provide access to child care for eligible children in low-income families to enable parents to work or attend school or training.		
Outputs:		
Number of Children Served Through Child Care Services for Low-income Eligibles	51,141	51,270
Number of Caretakers Working or Attending School or Training Whose Children are in Child Care	40,261	40,545
Efficiencies:		
Average Cost per Child per Day for Child Care Services	12.6	13.2
B.2.1. Strategy: AFDC GRANTS	\$ 543,437,182	\$ 563,115,846
Provide AFDC grants to eligible low-income Texans.		
Outputs:		
Number of AFDC-Basic Recipients per Month	742,182	759,475
Number of AFDC-UP Recipients per Month	30,184	30,184
Efficiencies:		
Average Monthly Grant--AFDC-Basic	58.93	59.72
Average Monthly Grant--AFDC-UP	51.34	52.03
B.2.2. Strategy: CLIENT SELF-SUPPORT	\$ 377,877,593	\$ 376,677,593
Provide accurate and timely eligibility and issuance services for financial assistance, medical benefits, and food stamps through the use of new technology, improved management practices, and implementation of sufficient staff levels.		

DEPARTMENT OF HUMAN SERVICES
(Continued)

Outputs:

Number of Families Determined Eligible Monthly - AFDC	51,822	54,437
Number of Households Determined Eligible Monthly - Food Stamps	184,365	192,008
Number of Cases Determined Eligible - CPW Medical	104,514	117,683
Average Number of Recipients per Month: Food Stamps	3,058,651	3,189,092
Average Number of Recipients per Month: CPW Medical	769,014	867,486
Number of Families Receiving Benefits Through EBT	1,078,305	1,184,011
Number of AFDC and Medicaid Recipients Who Receive Family Health or Health Education Services	1,515	1,553

Efficiencies:

Average Cost per Determination	41.38	42.79
Number of Cases per Worker: AFDC	174	174
Number of Cases per Worker: Food Stamps	284.7	284.7
Number of Cases per Worker: CPW Medical	325.1	325.1

B.2.3. Strategy: NUTRITION ASSISTANCE \$ 170,771,014 \$ 188,292,737

Increase the availability of federal nutrition assistance by providing reimbursement for nutritious meals, food distribution, and nutrition education.

Outputs:

Average Number of Meals Served Through DHS School Lunch and Breakfast Program per Day: Lunches	25,668	26,181
Average Number of Meals Served Through DHS School Lunch and Breakfast Program per Day: Breakfast	7,965	8,045
Average Number of Meals Served Through Summer Food Services per Day	168,276	182,621

Total, Goal B: SUPPORT SELF-SUFFICIENCY \$ 1,397,392,124 \$ 1,399,673,082

C. Goal: FAMILY VIOLENCE

To protect adult victims and their children from family violence.

Outcomes:

Percent of Adult Victims of Domestic Violence Requesting Shelter Who Could Not Receive Shelter Due to Lack of Space	27.04%	27.89%
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C.1.1. Strategy: FAMILY VIOLENCE SERVICES \$ 9,881,347 \$ 9,890,359

Provide emergency shelter and support services to victims of family violence and their children, educate the public, and provide training and prevention support to institutions and agencies.

Outputs:

Number of Women Receiving Shelter	12,334	12,226
Number of Children Receiving Shelter	17,962	17,804
Number of Women Receiving Non-resident Services	16,466	16,320
Number of Non-resident Service Days	86,861	86,088

Efficiencies:

DHS Average Cost per Participating Program/Shelter	164,689	164,839
DHS Average Cost per Person Receiving Emergency Shelter and/or Non-resident Services	213.72	215.91
Average Cost per Shelter Resident Day	50.14	52.1
Average Cost per Non-resident Service Day	104.96	109.06

D. Goal: INDIRECT ADMINISTRATION

D.1.1. Strategy: CENTRAL ADMINISTRATION \$ 19,894,443 \$ 20,151,602

D.1.2. Strategy: INFORMATION RESOURCES \$ 31,593,096 \$ 34,067,476

DEPARTMENT OF HUMAN SERVICES
(Continued)

D.1.3. Strategy: OTHER SUPPORT SERVICES	\$ 10,738,044	\$ 10,705,128
D.1.4. Strategy: REGIONAL ADMINISTRATION	<u>\$ 10,834,585</u>	<u>\$ 10,650,882</u>
Total, Goal D: INDIRECT ADMINISTRATION	<u>\$ 73,060,168</u>	<u>\$ 75,575,088</u>
Grand Total, DEPARTMENT OF HUMAN SERVICES	<u>\$ 3,440,597,798</u>	<u>\$ 3,542,964,129</u>

Method of Financing:

General Revenue Fund

AFDC Payments from General Revenue	\$ 204,441,068	\$ 214,659,760
Medical Assistance Payments from General Revenue	759,448,392	824,004,207
Other General Revenue	<u>296,956,525</u>	<u>229,979,939</u>

Subtotal, General Revenue Fund	<u>\$ 1,260,845,985</u>	<u>\$ 1,268,643,906</u>
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General Revenue Fund - Consolidated

Earned Federal Funds, estimated	1,082,461	1,426,797
Personal Care Facility Licensing Receipts	<u>111,964</u>	<u>109,730</u>

Subtotal, General Revenue Fund - Consolidated	<u>\$ 1,194,425</u>	<u>\$ 1,536,527</u>
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Federal Funds, estimated	2,155,670,722	2,254,598,265
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Other Funds

Appropriated Receipts	13,431,623	8,730,388
Interagency Contracts	<u>9,455,043</u>	<u>9,455,043</u>

Subtotal, Other Funds	<u>\$ 22,886,666</u>	<u>\$ 18,185,431</u>
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Total, Method of Financing	<u>\$ 3,440,597,798</u>	<u>\$ 3,542,964,129</u>
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Number of Positions (FTE)	18,361.0	18,326.0
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Schedule of Exempt Positions

Commissioner, Group 5	\$95,000	\$95,000
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1. **Capital Budget.** None of the funds appropriated above may be expended for capital budget items except as listed below or as specified in Article V, Section 106. The amounts shown below shall be expended only for the purposes shown and are not available for expenditure for other purposes. Amounts appropriated above and identified in this provision as appropriations either for "Lease payments to the Master Equipment Lease Purchase Program" or for items with an "(MELPP)" notation shall be expended only for the purpose of making lease-purchase payments to the Texas Public Finance Authority pursuant to the provisions of V.T.C.S., Art. 601d, Sec. 9A.

DEPARTMENT OF HUMAN SERVICES
(Continued)

	<u>1996</u>	<u>1997</u>
a. Lease Payments to the Master Equipment Lease Purchase Program (1992/1995)	\$ 12,206,798	\$ 11,079,924
b. Renovations	<u>\$ 200,000</u>	<u>\$ U.B.</u>
Total, Capital Budget	<u>\$ 12,406,798</u>	<u>\$ 11,079,924</u>

Method of Financing (Capital Budget):

General Revenue Fund	\$ 8,988,895	\$ 7,201,951
Federal Funds	<u>3,417,903</u>	<u>3,877,973</u>
Total, Method of Financing	<u>\$ 12,406,798</u>	<u>\$ 11,079,924</u>

2. **AFDC Payments and Unexpended Balances.** General revenue funds appropriated for payments for Aid to Families with Dependent Children shall be payable in equal monthly installments on the first day of each calendar month; provided, however, that any balances on hand in these funds may be carried over from month to month during each fiscal year and from fiscal year 1996 to fiscal year 1997 and such funds are reappropriated to the department for the 1996-97 biennium.
3. **Medical Assistance Payments.** General revenue funds appropriated hereinabove for all Medicaid services shall be payable in equal monthly installments on the first day of each calendar month; provided, however, that any balances on hand in such funds may be carried over from month to month during each fiscal year and from fiscal year 1996 to fiscal year 1997, and such funds are reappropriated to the department for the 1996-97 biennium.
4. **Federal Funds Appropriated.** The appropriations herein made may be used to match federal funds granted to the state for the payment of personal services, travel and other necessary expenses in connection with the administration and operation of a state program of public welfare services. The Texas Department of Human Services is hereby authorized to receive and disburse in accordance with plans acceptable to the responsible federal agency, all federal moneys that are made available (including grants, earnings, allotments, refunds, and reimbursements) to the state for such purposes and all fees authorized by federal law, and to receive, administer, and disburse federal funds for federal programs in accordance with plans agreed upon by the Department of Human Services and the responsible federal agency, and such other activities as come under the authority of the Department of Human Services, and such moneys are appropriated to the specific purpose or purposes for which they are granted or otherwise made available.
5. **Federal, State and Local Funds Appropriated.** The Department of Human Services is hereby authorized to accept all moneys appropriated by the federal or state governments, or by the Commissioners' Court of any county, or by any political subdivisions, as provided by Section 11.003 of the Human Resources Code, as amended, for any purpose including but not limited to the cost of distributing foods to needy people, institutions, school lunch programs, or otherwise as provided by the laws of the United States and the rules and regulations issued pursuant thereto for the distribution of commodities as they now read or as they may be hereafter amended, and to deposit said moneys in the State Treasury. All of said funds are hereby appropriated to the Texas Department of Human Services for the purposes for which they were granted.

DEPARTMENT OF HUMAN SERVICES
(Continued)

6. **Attorney General Representation.** The Attorney General and the Commissioner of Human Services are authorized to jointly select one or more Assistant Attorneys General to be assigned to the Texas Department of Human Services for the purpose of assisting with the legal work of the department and, more particularly, of representing the department in lawsuits.
7. **Reappropriation of Federal and Local Funds.** All funds received by the department from counties, cities, federal agencies and from any other local source and all balances from such sources as of August 31, 1995, are hereby appropriated for the biennium ending August 31, 1997, for the purpose of carrying out the provisions of this Act.
8. **Food Stamp Program Funds Appropriated.** The Texas Department of Human Services is hereby designated as the state agency to establish and operate a statewide Food Stamp Program and to accept all moneys appropriated for this purpose by the federal or state governments, by the Commissioners' Court of any county, by any political subdivisions of the state, or received from any other source as provided for herein and in Chapter 33, Human Resources Code. The Texas Department of Human Services is authorized to expend such funds for welfare purposes, including the cost of distributing foods to needy people, institutions, school lunch programs, or otherwise as provided by the laws of the United States and the rules and regulations issued pursuant thereto, for the establishment and operation of a statewide Food Stamp Program, and for the employment of essential personnel who shall be employed under a merit system basis comparable to the merit rules and regulations applicable to all other personnel of the department.
9. **Advance Payments Revolving Fund.** The State Comptroller shall establish a separate account from which advance payments may be made for programs or projects under which the Texas Department of Human Services has contracted for social services. The Texas Department of Human Services is authorized to establish a revolving fund to be funded from Earned Federal Funds and to make transfers into and out of the separate account from funds appropriated to pay for contracted social services in accordance with the provisions of Human Resources Code, Section 22.002, Subsection g., as amended.
10. **Renovations and Capital Expenditure Account.** The State Comptroller shall establish a separate account from which payments may be made for renovations and capital expenditures. The Department of Human Services is authorized to make transfers into and out of the separate account from appropriated funds to be used to finance renovations and capital expenditures. Any funds on hand in the separate account may be carried forward from fiscal year 1995 to fiscal year 1996 and such funds are reappropriated to the department for the 1996-97 biennium. Funds received through federal participation including depreciation on renovations and capital expenditures may be deposited to the separate account to finance future renovations and capital expenditures. Any funds on hand in the separate account may be carried over from fiscal year 1996 to fiscal year 1997 and such funds are reappropriated to the department for the 1996-97 biennium.
11. **Nursing Home Program Provisions.**
 - a. **Nursing Home Income Eligibility Cap.** It is the intent of the Legislature that the income eligibility cap for nursing home care shall be maintained at the federal maximum level of 300% of Supplemental Security Income (SSI). Further, it is the intent of the Legislature that any cost-of-living increase in social security or other benefits sponsored by the federal government or that any increase in other pension plans should not result in the termination of Title XIX benefits for persons already eligible for services. The Department of Human Services is hereby authorized to expend general revenue funds to the extent necessary to insure the continuation of benefits to persons eligible.

DEPARTMENT OF HUMAN SERVICES
(Continued)

- b. **Limitation on Per Day Cost of Alternate Care.** No funds shall be expended by the Department of Human Services for alternate care where the cost per patient per day exceeds the average Medicaid Nursing Facility rate or the patient's nursing facility rate, whichever is greater, except for cases individually exempted by the Board of Human Services.
- c. **Establishment of a Swing-bed Program.** Out of the funds appropriated above for nursing home vendor payments, the department shall maintain a "swing-bed" program, in accordance with federal regulations and paragraph d., to provide reimbursement for skilled nursing patients who are served in hospital settings in counties with a population of 100,000 or less. If the swing beds are used for more than one 30-day length of stay per year per patient, the hospital must comply with the regulations and standards required for nursing home facilities.
- d. **Nursing Home Bed Capacity Planning.** The department shall not contract for additional Medicaid beds in counties where the occupancy rate of available beds for each of the previous six months has been less than 85%. This restriction shall not apply to beds in hospital facilities which are or could be converted to long term care beds under the federal "swing bed" regulations, provided the length of stay is limited to 30 days per year and the hospital is located in a county with a population of 100,000 or less.

The Commissioner may by rule develop a process for granting a waiver of this restriction for a contract if the Commissioner determines that beds are necessary for the following circumstances: (1) to meet the need identified and determined by the Texas Department of Criminal Justice as necessary to serve persons under the supervision of the Department of Criminal Justice who have been released on parole, mandatory supervision, or special needs parole under the code of Criminal Procedure, Article 42.18, (2) to meet the documented demand in underserved minority communities where beds are not available from existing resources, or (3) for a facility which is affiliated with a medical school operated by the state which is participating in research programs for the care and treatment of person with alzheimer disease.

- 12. **Appropriation of Receipts: Civil Monetary Damages and Penalties.** Out of funds collected by the department as civil monetary damages and penalties under Human Resources Code Section 32.039, there are appropriated to the department amounts equal to the costs of the investigation and collection proceedings conducted under that section, and any amounts collected as reimbursement for claims paid by the department.
- 13. **Title XX Fund Reduction.** In the event of a reduction in federal Title XX (Social Services Block Grant) funding, the department should attempt to maintain the affected programs as near to the appropriated levels as possible through use of the department's transfer authority or the allocation of any other available funds. If maintenance of the appropriated levels is not feasible, the department shall reduce all affected programs in proportion to the total amounts appropriated above.
- 14. **Salaries of Probationary Employees.** It is provided that funds herein appropriated may be expended at rates established by the Department of Human Services for the salaries of employees who are newly hired, transferred or promoted into bona fide administrative or professional jobs and who are participating in a formalized training program in conjunction with their period of probationary service. At the successful conclusion of the probationary period these employees will be moved into regular classified positions.

DEPARTMENT OF HUMAN SERVICES
(Continued)

15. **Board Members' Per Diem.** Out of the funds appropriated for indirect agency administration, the Department of Human Services is hereby authorized to pay board members in accordance with the General Provisions of this Act.
16. **Appropriations Limited to Revenue Collection.** It is the intent of the Legislature that fees, fines, and miscellaneous revenues as authorized and generated by the agency cover, at a minimum the cost of the appropriations made including any other direct operating costs and employee matching costs. In the event that actual and/or projected revenue collections are insufficient to offset agency costs, the Legislative Budget Board may direct that the Comptroller of Public Accounts reduce the appropriation authority provided above to be within the amount of revenue expected to be available.
17. **Accounting of Support Costs.** The State Comptroller shall establish separate accounts from which certain support costs shall be paid. The Department of Human Services is hereby authorized to make transfers into these separate accounts from line item strategies in order to pay for these expenses in an efficient and effective manner. Only costs not directly attributable to a single program may be budgeted in or paid from these accounts. Items to be budgeted in and paid from these accounts include, but are not limited to: postage, occupancy costs, equipment repair, telephones, office printing costs, supplies, freight and transport costs, telephone system costs, and salary and travel costs of staff whose function supports several programs. The department shall be responsible for monthly allocations of these costs to the original strategies.
18. **Fund Transfers for Funds Consolidation.** For the purpose of funds consolidation, federal and other funds may be transferred into the General Revenue Fund from the Department of Human Services Fund 117. The initial deposit of federal funds shall be made into Fund 117 and no direct expenditures shall be made from this fund.
19. **Title IV-A At-Risk Child Care Funds.** It is the intent of the Legislature that any additional federal funds received as a result of current efforts to obtain federal fiscal year 1994 and 1995 Title IV-A At-Risk child care funds, be used for child care. Except as otherwise provided, all unexpended and unobligated balances in the area of child care remaining from appropriations for the first year of the biennium to the Department of Human Services are reappropriated to the department for the purpose of drawing down all available federal funds for child care.
20. **Donated Purchase Agreements.** In order to maximize the availability of state matching funds for Title IV-A At-Risk Child Care and to encourage local child care planning and match participation, the department shall use donated purchase agreements and other funding mechanisms, to the extent allowed by federal law and regulations.
21. **Maximization of Title IV-A Social Security Funds.** It is the intent of the Legislature that the Department of Human Services cooperate with cities, non-profit organizations, the Texas Education Agency and local school districts to obtain local match necessary to maximize Title IV-A (Social Security Act) funds for children at-risk. Necessary system and accounting system changes to effect this intent are authorized.
22. **Pediatric Care in Nursing Facilities.** In determining the appropriate placement for children who currently receive care in nursing facilities, the Department shall, within the requirements of federal law, consider the requests of parents concerning either a continued stay in a nursing facility providing skilled pediatric care or an alternate placement. The Department shall also analyze the cost/benefit of a specialized pediatric TILE reimbursement level and submit a report to the Legislative Budget Board on this analysis by August 31, 1996.

DEPARTMENT OF HUMAN SERVICES
(Continued)

23. **Limitation: Transfer Authority.** Notwithstanding any other provision of this Act, none of the funds appropriated by this Act to the Texas Department of Human Services for

- i. A.1.1. Community Care Services;
- ii. A.1.3. Long Term Care Eligibility;
- iii. A.1.4. Nursing Facility Payments;
- iv. A.2.1. Survey and Certification; and
- v. B.2.2. Client Self Support

may be transferred to any other item of appropriation or expended for any purpose other than the specific purpose for which the funds are appropriated, however, transfers may be made between Medicaid Strategies in accordance with other provisions in this Act.

24. **Additional Funding Sources, Medicaid.** If the appropriations provided by this Act for

- i. A.1.1. Community Care Services;
- ii. A.1.3. Long Term Care Eligibility;
- iii. A.1.4. Nursing Facility Payments;
- iv. A.2.1. Survey and Certification; and
- v. B.2.2. Client Self Support

are not sufficient to provide for expenditures mandated by either state or federal law, after accounting for any appropriations made to the Department and available for transfer to these programs, the Legislative Budget Board and the Office of the Governor may provide for and are hereby authorized to direct the transfer of sufficient amounts of funds to the Department from appropriations made elsewhere in this Act.

25. **Medicaid and Other Reporting Requirements.**

- a. None of the funds appropriated by this Act to the Texas Department of Human Services may be expended or distributed by the Department unless:

- 1. the Department submits to the Legislative Budget Board and the Office of the Governor a copy of each report submitted to the federal government relating to the Medicaid program. This shall include, but is not limited to:
 - i. expenditure data; and
 - ii. caseload data;

Such reports shall be submitted to the Legislative Budget Board and the Office of the Governor no later than the date the respective report is submitted to the federal government, and

- 2. the Department submits to the Legislative Budget Board and the Office of the Governor at the close of each month i.) a report detailing the Medicaid and Medicare caseload figures and related expenditure amounts for the preceding month and ii.) a report projecting the anticipated Medicaid and Medicare caseloads for the 36 months period beginning with first month after the report is due.

- b. Each report submitted to the Legislative Budget Board and the Office of the Governor pursuant to this provision must be accompanied by supporting documentation detailing the sources and methodologies utilized to develop any caseload or cost projections contained in each respective report and any other supporting material as specified by the Legislative Budget Board and the Office of the Governor.

DEPARTMENT OF HUMAN SERVICES
(Continued)

- c. Each report submitted pursuant to this provision must contain a certification by the person submitting the report that the information provided is true and correct based upon information and belief together with supporting documentation.
 - d. The Comptroller of Public Accounts shall not allow the expenditure of funds appropriated by this Act to the Texas Department of Human Services if the Legislative Budget Board and the Office of the Governor certifies to the Comptroller of Public Accounts that the Department of Human Services is not in compliance with this provision.
26. **Reduction in Error Rates.** The Texas Department for Human Services shall set progressive goals for improving error rates for Food Stamps and Aid to Families with Dependent Children, with a specific schedule for meeting those goals. The department shall submit a quarterly status report beginning September 1, 1995 to the Governor's Office and the Legislative Budget Board. The status report will identify the progress made towards achieving those goals.
27. **JOBS Program.** Any balances on hand may be carried forward from fiscal year 1996 to fiscal year 1997 for Strategy B.1.1., Employment Services.
28. **Earned Federal Funds.** All unexpended balances of Earned Federal Funds remaining as of August 31, 1995, are hereby appropriated for the same purposes for use during the biennium beginning September 1, 1995. Any balances on hand at the end of fiscal year 1996 may be carried over to fiscal year 1997, and such funds are appropriated to the department for fiscal year 1997. The authority to receive and expend earned federal fund balances in excess of those appropriated above is subject to the following limitations:
- a. At least 14 days prior to any use of any earned federal funds or a meeting of the Board of Human Services to adopt any program expansion, the department shall report the earned federal funds received and provide documentation of the proposed use of these funds to the Legislative Budget Board, Governor's Office of Budget and Planning, and Health and Human Services Commission.
 - b. Notifications shall include information regarding the need which will be served with the additional revenue. In the event program expansions are under consideration, information shall be forwarded regarding the population to be served; criteria for eligibility; and impact upon existing programs.
 - c. The report shall include the information detailed in "b" and identify the impact on established performance targets, measures, and full-time equivalent positions.
29. **Adoption of Federal Standards.** To regulate Medicaid certified nursing facilities, the Department of Human Services shall adopt the federal standards and shall not implement additional standards that exceed the scope of the federal guidelines unless required by state law.
30. **Bilingual Employees.** The department shall establish a multilingual pilot program in ten to fifteen offices throughout the state which will include the following:
- a. A salary differential, not to exceed 2.5 percent of the monthly pay rate for employees who are multilingual to the extent that multilingual skills are required and are directly related to the employment duties of the employee;

DEPARTMENT OF HUMAN SERVICES
(Continued)

- b. A multilingual objective examination shall be administered to certify employees who are multilingual. The examination must cover oral, writing, and comprehension skills of employees. All employees in the pilot area must be eligible for certification; and,
- c. The department shall designate the number of positions within the pilot area where multilingual skills are required according to rules and standards adopted by the department. Job postings for designated positions during the biennium shall include multilingual requirements. Employees shall be selected for these positions on a competitive basis.

By January 1, 1997, the department shall submit to the Seventy-fifth Legislature, the Legislative Budget Board, and the Office of the Governor a Cost Benefit Analysis identifying the costs and savings incurred and the effects of the pilot program on staff, clients and caseloads.

- 31. **Contingency Appropriation for Senate Bill 103.** Contingent upon the enactment of Senate Bill 103, or similar legislation relating to the creation of the Guardianship Resource Board, by the 74th Legislature, Regular Session, the Texas Department of Human Services is hereby appropriated \$300,000 for fiscal year 1996 and \$300,000 for fiscal year 1997 out of the General Revenue Fund for the purpose of implementing that Act. The Texas Department of Human Services is hereby authorized to transfer the appropriation made pursuant to this provision to the appropriate strategy items listed above.

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

	For the Years Ending	
	August 31, 1996	August 31, 1997
A. Goal: IMPACT MENTAL ILLNESS		
To offer an array of services which reduce the impact of mental illness on individuals, families, and communities.		
Outcomes:		
Percent of Admissions to State Facility Campus Programs Stabilized and Returned to the Community Within 15 Days	30%	30%
Percent of Admissions to State Facility Campus Programs Stabilized and Returned to the Community in Greater Than 15 Days But Less Than 30 Days	18%	18%
Percent of Customers Receiving In-home and Family Support Who are Admitted to a State Facility Within 2 Years	8%	8%
Percent of Customers Served in State Facility Campus-based Services Out of Total Customers Receiving Mental Health Services Through the MHA (TXMHMR System)	9.7%	9.7%
A.1.1. Strategy: COMMUNITY MH SERVICES	\$ 135,933,892	\$ 139,174,644
Provide specialized treatment, crisis assessment, and medical services to consumers in the community.		
Outputs:		
Number of Crisis Resolution Bed-Days	128,465	128,465
Number of Unannounced CMHMRC Regulatory Visits		
Efficiencies:		
Average Cost per Bed Day	210	210

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
(Continued)

A.1.2. Strategy: MH COMMUNITY HOSPITALS	\$	41,654,539	\$	45,906,535
Provide inpatient and outpatient treatment, crisis assessment, and medical services to persons served in community hospitals and special projects.				
Outputs:				
Number of Customers Served in Community Hospitals Who are Later Admitted to a State Facility		550		550
Efficiencies:				
Community Hospital Residential Services Average Cost per Bed Day		275		275
Explanatory:				
Average Daily Census of Community Hospitals		330		375
A.2.1. Strategy: MH VOCATIONAL DEVELOPMENT	\$	32,690,060	\$	32,688,802
Develop and provide vocational and pre-vocational services, training in basic community living skills, and opportunities for social support.				
Outputs:				
Number of Customers Receiving Psychosocial Rehabilitation Services		15,000		15,000
Efficiencies:				
Average Cost per Customer Receiving Psychosocial Rehabilitation Services		1,375		1,375
A.2.2. Strategy: MH CASE MANAGEMENT	\$	25,775,603	\$	25,773,567
Ensure access to needed services, through case management and other coordination activities.				
Outputs:				
Number of Customers Receiving Case Management Services		15,500		15,500
Efficiencies:				
Average Cost per Customer Receiving Case Management Services		1,325		1,325
A.2.3. Strategy: MH RESIDENTIAL SERVICES	\$	30,319,841	\$	30,317,178
Provide residential services and housing for mentally ill clients.				
Outputs:				
Number of Customers Receiving Supported Housing Services		1,950		1,950
Efficiencies:				
Average Cost per Customer Receiving Supported Housing Services		4,600		4,600
Explanatory:				
Number of Customers for Whom Supported Housing Services are Recommended		800		800
A.2.4. Strategy: MH IN-HOME SERVICES	\$	8,879,946	\$	8,879,687
Support individuals and families in the community through direct services and customer-driven in-home and family support.				
Outputs:				
Number of Customers Receiving In-home and Family Support		3,700		3,700
Efficiencies:				
Average Grant per Customer Receiving In-home and Family Support		1,600		1,600
A.2.5. Strategy: CHILDREN'S MH SERVICES	\$	28,132,882	\$	30,932,215
Develop and provide coordinated services for emotionally disturbed children and their families.				

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
(Continued)

Outputs:

Number of Children Receiving Specialized Treatment Services	6,000	7,000
Number of Children Receiving Treatment Services	34,614	38,015

Efficiencies:

Average Cost per Child Receiving Treatment Services	839	840
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A.3.1. Strategy: STATE HOSPITAL SERVICES	\$ 182,913,898	\$ 183,355,081
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Provide specialized treatment, assessment, and medical services in state facility campus programs.

Efficiencies:

Average Cost per Bed-Day	245	260
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Explanatory:

Average Daily Census of Campus-Based Services	2,819	2,819
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Average Length of Stay in State Hospitals at Time of Discharge	115	115
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Total, Goal A: IMPACT MENTAL ILLNESS	\$ 486,300,661	\$ 497,027,709
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B. Goal: IMPACT MENTAL RETARDATION

To offer an array of services which reduces the impact of mental retardation on individuals, families, and communities.

Outcomes:

Percent of Customers Who Moved To a Less Restrictive Living Environment	6.5%	8%
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Percent of Customers Who Moved To a More Restrictive Living Environment	1%	1%
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B.1.1. Strategy: MR COMMUNITY RESIDENTIAL	\$ 113,234,823	\$ 118,705,104
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Provide community living options for persons with mental retardation.

Outputs:

Number of Customers Served in TDMHMR Community Residential Services	3,450	3,450
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Efficiencies:

Average Cost per Customer Served in Community Residential Services	20,000	20,000
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B.1.2. Strategy: MR IN-HOME SERVICES	\$ 68,065,862	\$ 71,975,946
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Support individuals and families in their own homes through personal and family assistance, including customer-driven in-home and family support.

Outputs:

Number of Customers Receiving In-home and Family Support	3,870	3,870
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Efficiencies:

Average Grant per Customer Receiving In-home and Family Support	2,700	2,700
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B.1.3. Strategy: MR VOCATIONAL DEVELOPMENT	\$ 70,618,420	\$ 74,131,528
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Provide habilitation, vocational and community integration services.

Outputs:

Number of Customers Receiving Habilitation, Vocational, and Community Integration Services	13,700	13,700
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Efficiencies:

Average Cost per Customer Receiving Habilitation, Vocational, and Community Integration Services	4,976	5,140
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DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
(Continued)

B.1.4. Strategy: MR CASE MANAGEMENT	\$ 34,661,046	\$ 36,442,705
Link persons with the services they need through service coordination activities, including case management.		
Outputs:		
Number of Customers Receiving Case Management Services	12,396	12,816
B.1.5. Strategy: ICF-MR/RC PAYMENTS	\$ 233,070,567	\$ 233,070,372
Provide payments which will promote quality care for medical treatment and active habilitative/restorative care for Medicaid eligible individuals with mental retardation or related developmental disabilities in a community-based facility.		
Outputs:		
Average Number of Medicaid Beds per Month, Total	7,871	7,871
Efficiencies:		
Monthly Cost per Medicaid Eligible Customer, ICF/MR-RD Beds	3,473	3,591
B.2.1. Strategy: NURSING HOME TRANSITION	\$ 13,388,784	\$ 13,388,524
Provide services and/or alternate placement for persons with mental retardation, mental illness or related conditions who are leaving nursing homes.		
Outputs:		
Number of Customers Receiving Targeted Waiver Services	154	154
Efficiencies:		
Average Cost per Customer per Day Receiving Targeted Waiver Services	124	124
B.3.1. Strategy: STATE SCHOOL SERVICES	\$ 259,206,233	\$ 255,054,027
Provide state facility campus-based services for clients with mental retardation		
Outputs:		
Number of Customers Who Move From Campus Based Residential Setting to a Community Setting	300	300
Efficiencies:		
Average Cost per Bed-Day	139	139
Explanatory:		
Average Daily Census of Campus Based Services	5,730	5,515
Total, Goal B: IMPACT MENTAL RETARDATION	<u>\$ 792,245,735</u>	<u>\$ 802,768,206</u>
C. Goal: IMPROVE SYSTEM QUALITY		
To promote a comprehensive system that continuously improves the quality of service delivery.		
C.1.1. Strategy: CAPITAL CONSTRUCTION	\$ 29,053,000	\$ U.B.
D. Goal: INDIRECT ADMINISTRATION		
D.1.1. Strategy: CENTRAL ADMINISTRATION	\$ 20,266,164	\$ 20,240,783
D.1.2. Strategy: INFORMATION RESOURCES	\$ 9,735,231	\$ 9,723,039
D.1.3. Strategy: OTHER SUPPORT SERVICES	\$ 7,355,593	\$ 7,346,380
D.1.4. Strategy: FACILITY ADMINISTRATION	<u>\$ 87,107,307</u>	<u>\$ 85,656,827</u>
Total, Goal D: INDIRECT ADMINISTRATION	<u>\$ 124,464,295</u>	<u>\$ 122,967,029</u>
Grand Total, DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION	<u>\$ 1,432,063,691</u>	<u>\$ 1,422,762,944</u>

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
(Continued)

Method of Financing:		
General Revenue Fund	\$ 730,950,916	\$ 742,284,863
Medical Assistance Payments from General Revenue	<u>217,358,361</u>	<u>217,913,966</u>
Subtotal, General Revenue Fund	<u>\$ 948,309,277</u>	<u>\$ 960,198,829</u>
Federal Funds	394,553,066	402,415,769
Appropriated Receipts, estimated	35,617,665	35,617,664
Bond Proceeds - General Obligation Bonds	29,053,000	U.B.
Interagency Contracts, estimated	<u>24,530,683</u>	<u>24,530,682</u>
Subtotal, Other Funds	<u>\$ 89,201,348</u>	<u>\$ 60,148,346</u>
Total, Method of Financing	<u>\$ 1,432,063,691</u>	<u>\$ 1,422,762,944</u>
Number of Positions (FTE)	27,823.5	27,532.5
Schedule of Exempt Positions		
Commissioner (plus house and utilities), Group 5	\$95,000	\$95,000

1. **Capital Budget.** None of the funds appropriated above may be expended for capital budget items except as listed below. The amounts shown below shall be expended only for the purposes shown and are not available for expenditure for other purposes. Amounts appropriated above and identified in this provision as appropriations either for "Lease payments to the Master Equipment Lease Purchase Program" or for items with an "(MELPP)" notation shall be expended only for the purpose of making lease-purchase payments to the Texas Public Finance Authority pursuant to the provisions of V.T.C.S., Art. 601d, Sec. 9A.

	<u>1996</u>	<u>1997</u>
a. Construction of Buildings and Facilities		
(1) Waco Center for Youth	\$ 1,671,500	\$ U.B.
(2) Vernon State Hospital - Youth Substance Abuse Facility	<u>\$ 7,000,000</u>	<u>\$ U.B.</u>
Total, Construction of Buildings and Facilities	<u>\$ 8,671,500</u>	<u>\$ U.B.</u>
b. Repairs or Rehabilitation of Buildings and Facilities	20,381,500	U.B.
c. Acquisition of Capital Equipment and Items	800,000	800,000
d. Lease Payments to the Master Lease Purchase Program		
(1) 1992-95 MELPP Acquisitions	<u>\$ 9,194,182</u>	<u>\$ 8,475,087</u>
Total, Capital Budget	<u>\$ 39,047,182</u>	<u>\$ 9,275,087</u>

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
(Continued)

Method of Financing (Capital Budget):

General Revenue Fund	\$ 9,994,182	\$ 9,275,087
Bond Proceeds - General Obligation Bonds	<u>29,053,000</u>	<u> </u>
Total, Method of Financing	<u>\$ 39,047,182</u>	<u>\$ 9,275,087</u>

2. **Federal Funds Appropriated.** The appropriations herein made may be used to match federal funds granted to the state for the payment of personal services, travel and other necessary expenses in connection with the administration and operation of a state program of health and human services. The Texas Department of Mental Health and Mental Retardation is hereby authorized to receive and disburse in accordance with plans acceptable to the responsible federal agency, all federal monies that are made available (including grants, earnings, allotments, refunds, and reimbursements) to the state for such purposes and all fees authorized by federal law, and to receive, administer, and disburse federal funds for federal programs in accordance with plans agreed upon by the Department of Mental Health and Mental Retardation and the responsible federal agency, and such other activities as come under the authority of the Department of Mental Health and Mental Retardation, and such moneys are appropriated to the specific purpose or purposes for which they are granted or otherwise made available.
3. **Reappropriation of Federal and Local Funds.** All funds received by the department from counties, cities, federal agencies and from any other local source and all balances from such sources as of August 31, 1995, are hereby appropriated for the biennium ending August 31, 1997, for the purpose of carrying out the provisions of this Act.
4. **Medical Assistance Payments and Unexpended Balances.** General revenue funds appropriated hereinabove for all Medicaid services shall be payable in equal monthly installments on the first day of each calendar month; provided, however, that any balances on hand in such funds may be carried over from month to month during each fiscal year and from fiscal year 1996 to fiscal year 1997, and such funds are reappropriated to the department for the 1996-97 biennium.
5. **Collections and Receipts for Services.** The Department of Mental Health and Mental Retardation, including state facilities and services contracted to local community mental health and mental retardation centers, shall retain all revenue received in payment for services. To the extent the amounts received by the department for payment of services exceed the amount included in the method of finance, the department may expend up to \$7,500,000 for the biennium for the purpose of improving equity in mental health and mental retardation services. This provision includes but it is not limited to, federal Medicare and Medicaid revenue earned by any of the department's entities.
6. **Transfers of Appropriation - State Owned Hospitals.** The Department of Mental Health and Mental Retardation shall transfer from non-Medicaid state appropriated funds the following amounts to the Department of Health for the Disproportionate Share Hospital Reimbursement Program:

	<u>1996</u>	<u>1997</u>
State Mental Hospitals	\$ 227,886,113	\$ 254,990,083
Harris County Psychiatric Center	25,808,325	26,000,910

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
(Continued)

Tarrant County Psychiatric Hospital	<u>3,644,605</u>	<u>3,678,092</u>
	<u>\$ 257,339,043</u>	<u>\$284,669,085</u>

The timing and form of such transfers shall be determined by the Comptroller of Public Accounts in consultation with the Department of Health. The Legislative Budget Board is authorized to adjust the amounts of such transfers as necessary to match available federal funds. The department shall also transfer non-Medicaid state appropriated funds as necessary for other qualifying state-funded community hospitals.

7. **Medicaid-funded Institutions for Mental Disease Services.** The Department of Mental Health and Mental Retardation and the Medicaid single state agency or its designee are authorized to extend Medicaid coverage for inpatient psychiatric services to individuals age 65 and over in institutions for mental diseases. The Department of Mental Health and Mental Retardation may certify or transfer funds appropriated for mental health services to the Medicaid single state agency or its designee to implement Medicaid mental health services.
8. **Harris and Tarrant County Medicaid Services.** The Harris County Psychiatric Center, the Tarrant County Psychiatric Hospital, the El Paso Psychiatric Center and the Lubbock Psychiatric Center shall certify appropriated state funds to the Health and Human Services Commission or its designee for the state share of Medicaid reimbursement for the following services:
 - a. Inpatient psychiatric services for children.
 - b. Inpatient psychiatric services for age 65 and over (Institute for Mental Disease option).
9. **Hospital Medicare Provisions.** Within appropriations made above, the department shall:
 - a. increase the number of Medicare certified beds available to eligible state hospital patients;
 - b. work with the Texas Medical Foundation to develop consistent criteria for use in its statewide Medicare program; and
 - c. seek dual medical and psychiatric certification for its hospitals, if necessary.
10. **Medicaid Funding for Special Needs Offenders Served by Community Mental Health and Mental Retardation Authorities.** Within appropriations made above, the Department of Mental Health and Mental Retardation should maximize Medicaid funding for offenders with mental illness and/or mental retardation who receive services from community Mental Health and Mental Retardation Authorities. The department shall accomplish this goal by:
 - a. ensuring that when services are delivered to a Medicaid-eligible special needs offender by means of a state or local interagency contract between an MHMR center and a criminal justice agency, the criminal justice agency's share of the service cost constitutes no more than the state share of the cost of the Medicaid services.
 - b. executing, by September 30, 1995, an interagency agreement with the Department of Criminal Justice (in coordination with the Council on Offenders with Mental Impairments) that standardizes interagency policy on contracts between criminal justice agencies and MHMR authorities. The interagency agreement should specify that both agencies will use Medicaid funding for special needs services whenever possible and that the criminal justice agency's share of the service cost will constitute no more than the state share of the cost of the Medicaid services.
11. **Home and Community Based (HCS) Waiver Program.** It is the intent of the Legislature that the provisions of 1915(c) of the Social Security Act or other Medicaid waiver program shall be utilized in order to maximize funds available for home and community-based services. The Department of Mental Health and Mental Retardation shall certify and/or

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
(Continued)

transfer appropriated state funds to the Medicaid single state agency or its designee so that it can claim federal financial participation.

The department shall ensure the cost-effectiveness of the HCS program by limiting the average annual HCS expenditure per client to an amount, not to exceed 80% of the average annual per client ICF-MR expenditure. Expenditures for individual clients may exceed this cap as long as the overall average expenditure for HCS clients remains below. The department shall provide data on HCS and ICF-MR expense to the Legislative Budget Board as requested. When documenting this cost comparison, the department may exclude the costs for any supported employment services covered under the HCS program.

12. **Residential Services Funded by General Revenue.** The Department of Mental Health and Mental Retardation shall refinance, with Medicaid funding, residential services to Medicaid-eligible clients that are currently funded with general revenue. This refinancing effort shall include both public and private general revenue-funded programs. The department shall accomplish this refinancing through the use of the Home and Community-Based waiver program, other Medicaid waiver programs, or, if necessary, the Intermediate Care Facility for the Mentally Retarded program. The department shall submit quarterly reports to the Legislative Budget Board that document the number of persons and residential sites converted to Medicaid funding.
13. **Provision of Emoluments.** The Commissioner is authorized to provide emoluments for certain positions provided that the provision of such emoluments is necessary to effectively carry out the job responsibilities of the position.
14. **Employee Meals.** Notwithstanding any other provision in this act, the Department of Mental Health and Mental Retardation may provide free meals to employees who are required to eat meals with clients.
15. **Maximum Security Salaries.** As a specific exception to the General Provisions of this Act governing salary rates of classified positions, funds are included above for Rusk State Hospital and Vernon State Hospital, to pay those of their employees working in the Skyview Unit of the Department of Criminal Justice or the Maximum Security Units of Vernon State Hospital, a two step increase over those salary rates provided by the General Provisions.
16. **Revolving Fund Services.**
 - a. **Central Services.** The Department of Mental Health and Mental Retardation may maintain and operate revolving funds on a reimbursable basis for central services that contribute to the efficiency and economy of the facilities under its control and management. All receipts deposited to such central service funds are appropriated for all costs necessary for the operation of these services. Any balances remaining in such funds at the end of a fiscal year are reappropriated for any expenses necessary to the operation of these services for the second year of the biennium. To reimburse the funds from which expenditures are made, the department may make fund transfers from the appropriations of the facilities and agencies which receive the services and supplies, or may submit purchase vouchers through the Office of the State Comptroller.
 - b. **Canteen Services.** Each of the facilities under control and management of the Department of Mental Health and Mental Retardation, except the Central Office, may establish, maintain and operate a canteen for the convenience of its patients. Any balances remaining in each canteen operation fund at the end of each fiscal year, plus all receipts deposited to its credit, are appropriated for all costs necessary for the operation of a canteen for the next fiscal year. Each of the facilities under control and management of the department that contracts with the Commission for the Blind for the

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
(Continued)

operation of its canteen shall deposit the amount of moneys originally appropriated for its Canteen Operation Fund into the General Revenue Fund. The balance remaining in the facility's Canteen Operation Fund, after the amount originally appropriated is deposited to the General Revenue Fund, shall be deposited to the Benefit Fund created at the facility under the provisions of Health and Safety Code V.T.C.A., § 551.004.

- c. **Motor Pool Services.** The Department of Mental Health and Mental Retardation is hereby authorized to utilize the services of its motor pool to transfer and deliver the household goods and effects of its employees transferred from one place of employment to another within the department when such service to such employee is deemed to be in the best interest of the state, however, this service shall not be extended to any new employee.
- d. **United States Surplus Property and Commodities Services.** It is the intent of the Legislature that the funds hereby appropriated for a central supply service are to be used to finance on a reimbursable basis, the obtaining, storing, handling and distribution of the United States surplus property and commodities to various facilities under the jurisdiction of the Department of Mental Health and Mental Retardation.
- e. **Supply Revolving Fund.** From funds herein appropriated, the Department of Mental Health and Mental Retardation may authorize each facility under its control and management to establish, maintain, and operate on a reimbursable basis, a Supply Revolving Fund to contribute to the efficiency and economy of such facilities.

The department shall approve the amount necessary to implement the revolving funds and shall establish rules to avoid depletion of the funds. To reimburse the revolving funds, facilities may transfer funds from the programs and activities for which supplies are provided.

- f. **Sheltered Workshops.** Any balances remaining in the sheltered workshop funds at the end of each fiscal year, together with receipts deposited to their credit are appropriated for use in the operation of sheltered workshops for the next fiscal year.
17. **Petty Cash Fund.** Each facility under the Department of Mental Health and Mental Retardation may establish a petty cash fund not to exceed \$5,000 out of funds appropriated above. These funds shall be maintained in cash or at a local bank and shall be used by case managers or community services staff only for the purpose of making emergency purchases of medication, basic life support necessities, or other services without which would place clients served by said staff at risk of being placed in a more restrictive environment.
18. **Barber and Cosmetology Services.** The Department of Mental Health and Mental Retardation may charge fees for barber and cosmetology services provided the fees charged are consistent with an individual's ability to pay. These fees are appropriated to the department to offset the cost of providing barber and cosmetology services. The department may also use patient benefit funds to offset the cost of these services for indigent clients.
19. **Children's Heart Institute.** It is the intent of the Legislature that the Texas Department of Mental Health and Mental Retardation (TXMHMR) continue to fund the Children's Heart Institute in an amount not to exceed \$150,000 for each year of the biennium for services to children with mental disabilities who also have congenital heart defects. A contract shall be developed between TXMHMR and the Children's Heart Institute to ensure that appropriate medical services will be provided and that relevant documentation will be submitted to TXMHMR.

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
(Continued)

20. **Federal Collections Unexpended Balances.** All unexpended balances remaining on August 31, 1995 from federal reimbursement for Medicaid administrative services performed by the Department of Mental Health and Mental Retardation and from Medicare reimbursement due to adjustment in state hospital TEFRA target limitations are hereby reappropriated to the department for the fiscal biennium ending August 31, 1997.
21. **Community Residential for the Mentally Retarded.** In order to utilize existing resources in a cost effective and efficient manner, it is the intent of the Legislature that the Department of Mental Health and Mental Retardation take into account the availability of existing beds and occupancy rates of facilities in individual service areas when developing and allocating beds. The Department should provide assurances that all individuals seeking residential services are informed of all service options including waiver services and large and small congregate living arrangements.
22. **State School Salaries.** Notwithstanding other provisions, regular employees at Fort Worth State School and Travis State School who continue their employment as long as needed to deliver services are entitled to either: (a) a comparable position at another TXMHMR facility, with payment of travel expenses and time off as required to visit prospective new job sites within the system prior to acceptance of new jobs, and reimbursement of moving expenses up to \$1,500 to transfer to other TXMHMR facilities during designated periods of movement; or (b) paid administrative leave for two months, plus one week of paid leave for each full year of service with TXMHMR.
23. **Transfer of Employee Benefits.** To ensure the continuity of quality services to clients and facilitate placement of employees of Fort Worth and Travis State Schools closed pursuant to the *Lelsz* settlement agreement, the Department of Mental Health and Mental Retardation shall certify to the Governor and the Legislative Budget Board the names and salary amounts of such employees transferred to community MHMR centers. The Department of Mental Health and Mental Retardation shall certify to the Governor and the Legislative Budget Board the cost of continuing health insurance and retirement benefits at the affected community MHMR centers. Upon approval of the Governor and the Legislative Budget Board, the Comptroller of Public Accounts shall transfer sufficient funds from appropriations for state contributions for employee insurance and retirement benefits made to the Employees Retirement System to the department for allocation to community MHMR centers for reimbursement of health insurance and retirement benefits of transferred employees. However, such funds per transferred employee shall not exceed the amount appropriated per state employee for Fiscal Year 1996.
24. **Medicaid Programs - Revenue Enhancement.** It is the intent of the Legislature that the Department of Mental Health and Mental Retardation maximize the amount of federal funds in its method of finance and improve the fiscal performance of its Medicaid-funded services by taking the following actions:
 - a. Intermediate Care Facility for the Mentally Retarded (ICF-MR) Program. In order to achieve an estimated biennial savings of \$1.7 million in state general revenue, the department and the State Medicaid Office shall submit a Medicaid State Plan amendment that converts the reimbursement methodology for the ICF-MR program to a methodology that maximizes federal dollars and assures quality and appropriate care. The department may establish separate reimbursement classes by provider type to earn these funds. The department shall submit this amendment by September 30, 1996. The implementation of this reimbursement methodology change shall be cost neutral to the state with respect to the General Revenue Fund.

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
(Continued)

- b. Targeted Case Management - By September 30, 1995, the department and the State Medicaid Office shall either submit a Medicaid State Plan amendment that covers all allowable mental health and mental retardation case management and coordination activities (whether or not the services are provided by an independent case management unit), or, recover the costs of any Medicaid allowable, but unclaimed case management activities through the administrative claiming process.
- c. Social Security Disability Income/Supplemental Security Income (SSDI/SSI) Benefit Assistance - Effective September 30, 1996, the department shall require that all state schools, state hospitals, community services divisions, and community mental health and mental retardation centers designate a contact person who shall be responsible for providing documentation in support of a claim for SSI/SSDI benefits to the Texas Rehabilitation Commission's Disability Determination Services (TRC/DDS).
- d. Reimbursement Methodology - Outpatient Programs - By September 30, 1995, the department and the State Medicaid Office shall submit Medicaid State Plan amendments that convert the reimbursement methodologies for targeted case management (mental health and mental retardation) and rehabilitation services to a provider-specific cost reimbursement system or an average unit cost basis. These amendments shall provide for retroactive coverage under the revised methodologies to July 1, 1995.
- e. Reimbursement Methodology - Home and Community-Based Services (HCS) Waiver Program - In order to achieve an estimated biennial increase in federal Medicaid reimbursement of \$8.2 million, the department and the State Medicaid Office shall convert the HCS waiver reimbursement methodology to either a provider-specific cost reimbursement system or a fee for service basis. The department may establish separate reimbursement classes by provider type to earn these funds. The department shall publish rules implementing this change by January 31, 1996. The implementation of this reimbursement methodology change shall be cost neutral to the state with respect to the General Revenue Fund.

None of the requirements above shall prevent the department from developing and implementing innovative Medicaid reform programs such as voucher programs, capitation or similar managed care systems.

- f. Medicaid Performance. Reduction in general revenue related to method of finance changes shall be distributed among community mental health and mental retardation providers based on each provider's current efforts and respective potential for increased Medicaid earnings.
 - g. Limitation on Funds for ICF-MR Providers. None the funds appropriated in this Act may be used to implement rules or regulations promulgated by either the Department of Health, Department of Mental Health and Mental Retardation, or Department of Human Services which increase the cost of providing the ICF-MR services, unless the rule or regulation is required by federal statute, rule or regulation, or state law.
25. **Cash Flow Contingency.** Contingent upon the receipt of federal funds allocated from the Medicaid Program, the department may temporarily utilize additional general revenue funds, pending receipt of federal reimbursement, in an amount not to exceed the anticipated reimbursement, in each year of the biennium. The general revenue amounts utilized above the general revenue method of finance must be repaid upon receipt of federal reimbursement and shall be utilized only for the purpose of temporary cash flow needs. These transfers and repayments shall be credited to the fiscal year being reimbursed and shall be in accordance

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
(Continued)

with procedures established by the Comptroller. All transfers of the method of finance shall be reported by the department to the Legislative Budget Board.

26. **Data on Local Matching Funds Required.** It is the intent of the Legislature that the Department of Mental Health and Mental Retardation maintain data on the local match collections of community MHMR centers and state facilities' community service divisions. The department shall submit to the Legislative Budget Board by December 1 of each fiscal year, a report in such detail as the Legislative Budget Board may require.
27. **Reimbursement of Advisory Committee Members.** Pursuant to V.T.C.S. Article 6252-33, reimbursement of expenses for advisory committee members, out of the funds appropriated above, is limited to the following advisory committees:
 - Mental Health Planning and Advisory Committee
 - Public Responsibility Committees
 - Citizen's Planning Advisory Committee
 - Medical Advisory Committee
 - Mental Retardation Planning and Advisory Committee
 - Treatment Methods Advisory Committee
 - MI/Deaf Advisory Committee
 - State Advisory Committee - Texas Children's Mental Health Plans
 - Quality Services Council
 - Quality Improvement Councils (NTE 1 per facility)
 - Ethics Committees (NTE 1 per facility)

None of the funds for reimbursement shall come from the direct provision of services to the clients of MHMR.
28. **Unexpended Construction Balances.** Any unexpended construction, repair, or renovation balances from previous appropriations are hereby reappropriated to the Texas Department of Mental Health and Mental Retardation for the same purposes, provided that the expenditure of such reappropriated funds shall require the approval of the Board of Mental Health and Mental Retardation and that copies of such approval should be filed with the Governor and the Legislative Budget Board.
29. **Disposition of Construction Appropriation.** Construction appropriations may be used to pay salaries and travel expenses of department engineers and architects and administrative expenses of construction projects (but shall not exceed \$350,000 in a fiscal year that are paid out of G.O. Bonds); architect's and engineer's fees; and the actual travel expenses incurred by them or their representatives in making trips of inspection at the discretion of the department during construction, renovation, or repair of buildings and systems or the installation of fixed equipment. Job titles and rates of pay for such salaried positions of department personnel paid from construction appropriations shall conform with the Position Classification Plan and Classification Salary Schedule.
30. **Unexpended Balances.** Except as otherwise provided, all unexpended and unobligated balances remaining from appropriations for the first year of the biennium to the Department of Mental Health and Mental Retardation are reappropriated to the department for the purpose of complying with the provisions of settlement agreements in litigation dealing with residential, non-residential, and community based mental health and mental retardation services. This paragraph does not apply to those unexpended and unobligated balances remaining from appropriations for the first year of the biennium that the department is authorized by this act to retain for specific purposes in the second year of the biennium.

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
(Continued)

31. **Sale of Land.** The Texas Department of Mental Health and Mental Retardation is authorized to sell 4.334 acres of land located in the City of Corpus Christi, Nueces County to the Texas National Guard Armory Board at a price not to exceed \$40,000. The revenue from the sale is hereby appropriated to the Department.
32. **Payment for Compensatory Time.** It is expressly provided that the Department of Mental Health and Mental Retardation, to the extent permitted by law, may pay FLSA exempt and FLSA non-exempt employees on a straight time basis for work on a holiday or for regular compensatory time hours when taking of regular compensatory time off would be disruptive to normal business functions.
33. **Copyright of Training Materials and Patent of Technologies Developed by the Department.** In addition to the amounts appropriated above, the Department of Mental Health and Mental Retardation is hereby authorized to collect the following fees: a) fees collected from the sale of written training materials, video tapes, audio tapes and in the form of electronic media, such materials having been developed in part or whole by the Department; and b) licensing fees collected by the Department in exchange for allowing individuals and companies to use any patented technology developed, in part or in whole, by the Department. The Department is authorized to license the use of any copyright-protected material, trademark, trade secrets, and any patented technology. This does not include any mineral royalties. Fees collected in the sale of training materials described above may be in excess of the actual reproduction cost incurred by the Department and shall be used to recoup the costs associated with developing the training materials. Fifty percent (50%) of the fees collected in licensing of any patented technology shall be devoted to further research and development of technologies reasonably believed to be of assistance to the Department's priority population. The remaining 50 percent shall be deposited to the General Revenue Fund.
34. **Teacher Salaries.** Each teacher at a state facility shall receive as a minimum salary the monthly salary rate, plus increments specified in Sections 16.056 and 30.83, Education Code and shall be required to have a provisional or professional certificate issued under Subchapter B, Chapter 13, Education Code. Salary rates for teachers, in excess of the minimum amounts specified in Sections 16.056 and 30.83, Education Code shall not exceed the rates of pay for like positions in public schools of the city or county in which the state facility is located. Qualified teachers shall receive the monthly salary rate plus increments multiplied by the number of months of service authorized by the facility. In determining the rate of pay for comparison with like positions in the public schools, the agencies covered by this provision shall include longevity paid to persons commencing employment under this section on September 1, 1983, or thereafter.
35. **Fire Prevention and Safety.** In instances in which regular employees of facilities located in remote areas are assigned extra duties in fire prevention programs, the following payments are authorized in addition to the salary rates stipulated by the General Provisions on this Act relating to the position classifications and assigned salary ranges:
- | | |
|----------------------|----------------|
| Fire Chief | \$75 per month |
| Assistant Fire Chief | \$65 per month |
| Fire Brigade Member | \$50 per month |
36. **Patient or Student Assistance.** Subject to the approval of rules and regulations of the governing board of the Department of Mental Health and Mental Retardation, patients or students in any state facility who are assisting in the operation of the facility as part of their therapy, may receive compensation out of any funds available to the respective facilities.

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
(Continued)

37. **Surplus Property.** In order to conserve funds appropriated, surplus personal property may be transferred from one facility to another with or without reimbursement. The Department of Mental Health and Mental Retardation may transfer surplus personal property to community MHMR centers with or without reimbursement. Surplus personal property belonging to any facility may be sold; provided, however, that such transfers or sales shall be made under the same procedure as provided by Article 601b, Section 9.01, Vernon's Annotated Civil Statutes. In making such transfers or sales, the agency may do so without the necessity of contracts, as required by V.T.C.A., Government Code, Section 771, known as the Interagency Cooperation Act.
38. **Plan for Services to Children with Severe Mental or Emotional Disorders.** Out of the funds appropriated above, the Texas Department of Mental Health and Mental Retardation, in collaboration with the Central Education Agency, the Department of Protective and Regulatory Services, and representatives of mental health consumer and advocacy organizations, shall develop a plan for providing services to children with severe mental or emotional disorders who require residential treatment. The plan must allow children who have functional families to remain in their parents' legal custody while receiving treatment or related services. The plan must require, to the extent practicable, that funds available under Title IV-E, federal Social Security Act (42 U.S.C. Section 670 et seq.), pay for services for those children who are Medicaid-eligible and in need of residential treatment and that third-party payor financial resources be exhausted before state money is used.
- During the planning period provided by this provision, state agencies shall refer children whose parents are considering voluntarily relinquishing parental custody in order to qualify a child for state funded services to local community resource coordination groups, where those groups are established. Community resource coordination groups shall ensure that these referrals receive staffings and shall refer these children and their families for appropriate services, including, where clinically indicated, placement in residential treatment beds reserved for the Department of Protective and Regulatory Services, such as the Waco Center for Youth.
- The Texas Department of Mental Health and Mental Retardation shall complete the plan, together with an estimated budget and recommendations for statutory changes necessary to implement the plan, not later than January 15, 1997. On completion, the department shall submit the plan to the governor and the legislature.
39. **Maintenance Austin State Hospital and Central Administrative Offices.** None of the funds appropriated above may be expended by the Department of Mental Health and Mental Retardation for maintenance of the Austin State Hospital or the central administrative offices in Austin except through interagency contract with the General Services Commission in an annual amount not to exceed funds, including both direct and indirect support costs, appropriated for maintenance of those facilities in fiscal 1995. For purposes of this provision, maintenance does not include extraordinary environmental costs, or system component replacement.
40. **Road Construction and Maintenance at State Facilities.** Notwithstanding any other provision in law, the Texas Department of Transportation shall construct, repair, and maintain roads in and providing access to and from Texas Department of Mental Health and Mental Retardation facilities.
41. **Riceland CMHMRC Psychiatric Hospital.** Out of the funds appropriated above in Strategy A.1.1., Community MH Services, \$375,000 in each year of the biennium is for the operation of a psychiatric hospital run by Riceland CMHMRC. This amount is in addition to the

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
(Continued)

allocation to Riceland CMHMRC as determined by the Department of Mental Health and Mental Retardation's funding formula for community centers.

42. **Dual Diagnosis Clients.** Out of funds appropriated above, mental health services purchased by the Department of Mental Health and Mental Retardation can be provided to persons who have co-occurring substance abuse and mental disorders.
43. **In-Home and Family Support.** The Department of Mental Health and Mental Retardation shall submit a report by November 1, 1995, to the Legislative Budget Board that describes the administrative procedures and monitoring processes for the issuance of client payments under the In-Home and Family Support Program.
44. **Attorney General Representation.** The Attorney General and the Commissioner of the Department of Mental Health and Mental Retardation are authorized to jointly select one or more Assistant Attorneys general to be assigned to the Department of Mental Health and Mental Retardation for the purpose of assisting with the legal work of the department and, more particularly, of representing the department in lawsuits.
45. **Limitation of Specific Strategy Transfers.** The transfer of funds from Strategy A.3.1., State Hospital Services (Campus-based services-MH) and Strategy B.3.1., State School Services (Campus-based Services - MR) to any other strategy is limited to 10% without the prior approval of the Legislative Budget Board and the Governor's Budget Office.
46. **Transfer of Services to Community MHMR Centers.** In the event new community centers are created in the counties served by the community service divisions of Rusk State Hospital, Big Spring State Hospital, Kerrville State Hospital or Austin State Hospital, the Department of Mental Health and Mental Retardation may transfer from existing appropriations the actual operating costs associated with the community service divisions. The amount transferred for the counties associated with Rusk State Hospital may not exceed \$5,965,573. The community center must submit a detailed operating plan showing the actual cost of providing the services. Prior to transferring funds under this provision, the department must certify to the Governor and the Legislative Budget Board that the actual cost of transferring the service to a community center does not exceed the actual cost currently incurred by the state.
47. **Workers Compensation Payments.** Notwithstanding other provisions in this Act, the Department of Mental Health and Mental Retardation shall have the first \$18.0 million per year in workers compensation payments made in full from appropriations made for Workers' Compensation Payments for the purpose of paying workers compensation claims and liabilities. The Department of Mental Health and Mental Retardation shall transfer to this appropriation item in the Workers' Compensation Payments amounts necessary to pay 100 percent of workers compensation liabilities in excess of \$18.0 million each year.

DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES

	For the Years Ending	
	August 31, 1996	August 31, 1997
A. Goal: PROTECTIVE SERVICES		
To protect children, elderly adults, persons with disabilities, and victims of family violence from abuse, neglect and/or exploitation through development and efficient management of an integrated service delivery system.		
Outcomes:		
Confirmed Incidence of Child Abuse/Neglect per 1,000 Children	10.8	10.8
Percent of Children Found Through an Assessment to be At-risk of Abuse/Neglect Who Receive Services During or After the Assessment	62.5%	62.5%
Percent of Families Who Have Received Family Preservation/ Reunification Service Who Do Not Return to Protective Services Within 12 Months After Conclusion of Service Delivery	90%	90%
Percent of Children for Whom Permanency Plan Was Achieved Within 24 Months	88%	88%
Average Number of Foster Care Placements per Child	3.1	3.1
Percent Children at Hope Center Who Successfully Complete Hope Center Program	55%	55%
Confirmed Incidence of Abuse/Neglect per 1,000 Elderly and People with Disabilities	13.9	13.9
Percent of Abused Elderly/Disabled Receiving Protective Services	69.3%	69.3%
APS Case Recidivism	29.4%	29.4%
A.1.1. Strategy: AUTOMATED INTAKE SYSTEM	\$ 8,227,904	\$ 8,227,904
Provide a comprehensive and consistent system with automation support for receiving reports of children suspected to be at risk of abuse/neglect and assign for investigation those reports that appear to meet the Texas Family Code definition of child abuse/neglect.		
A.1.2. Strategy: CHILD AND FAMILY SERVICES	\$ 145,437,694	\$ 140,762,602
Provide a comprehensive and consistent system for the delivery of investigations, in-home services, substitute care, and permanency planning by direct services to children who are at risk of abuse and/or neglect and their families.		
Outputs:		
Number of Completed CPS Abuse/Neglect Investigations	120,806	126,962
Number of Confirmed Cases of Child Abuse/Neglect	38,900	40,882
Number of Children in Confirmed Cases of Child Abuse/Neglect	61,462	64,594
Average Number of Children Receiving In-home Direct Delivery Services per Month	14,198	14,907
Number of PRS Foster Home Beds	12,646	13,458
Number of Children in PRS Foster Homes	7,110	7,490
Efficiencies:		
Average Cost per CPS Investigation	504.75	464.85
Average Weighted CPS Caseload per Worker	29.3	29.2
Cost per PRS Foster Home Bed for Recruitment and Retention	574.02	522.06

DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES
(Continued)

A.1.3. Strategy: PURCHASED SERVICE SYSTEM	\$	41,954,897	\$	42,015,463
Provide purchased services to treat children who have been abused or neglected, to enhance the safety and well-being of children at risk of abuse and neglect, and to enable families to provide safe and nurturing home environments for their children.				
Outputs:				
Average Number of Children Receiving In-home Purchased Services per Month		8,316		8,981
Average Number of Children Receiving Purchased Services While in Substitute Care		4,799		5,249
Efficiencies:				
Average Cost per Child for Purchased Services		267.28		246.28
A.1.4. Strategy: FAMILY PRESERVATION	\$	19,426,905	\$	23,673,832
To provide intensive family preservation services to prevent unnecessary removal from their homes of children at risk of abuse and neglect, and to enable the early and safe reunification of children from substitute care.				
Outputs:				
Average Number of Families Receiving Intensive Family Preservation Services per Month		1,993		2,092
Average Number of Families Receiving Purchased Intensive Family Preservation Services per Month		1,177		1,236
Efficiencies:				
Average Length of Intensive Family Preservation Services		6.5		6.5
Average Cost per Family for Intensive Family Preservation Services		612.84		711.35
Average Caseload per Intensive Family Preservation Worker		9		9
A.1.5. Strategy: SUBSTITUTE CARE PAYMENTS	\$	211,589,137	\$	224,959,899
Provide funding for substitute care services and adoption subsidies for children who need them.				
Outputs:				
Average Number of Children in Substitute Care per Month		16,228		17,036
Average Number of Children in Adoptive Homes Provided Adoption Subsidies per Month		6,204		6,960
Efficiencies:				
Average Monthly Payment per Child in Foster Homes		1,221.1		1,254.47
Average Monthly Payment per Adoption Subsidy		369.84		387.86
A.1.6. Strategy: ALTERNATIVE SERVICES	\$	13,782,913	\$	19,521,567
Provide funding for alternative services, including but not limited to anti-gang, truancy, and runaway services, to children who need them.				
Outputs:				
Number of Youth Served in Residential Services		1,591		2,229
Number of Youth Served in Non-residential Services		11,668		16,347
A.1.7. Strategy: HOPE CENTER	\$	1,839,665	\$	1,839,665
Provide alternate treatment for youth through contract with Hope Center.				
Outputs:				
Number of Children Served by Hope Center for Youth Monthly		85		90
Number of Children in State Conservatorship Served by Hope Center		30		30

DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES
(Continued)

Efficiencies:

Average Monthly Cost per Placement at Hope Center for Youth	5,197.18	5,197.18
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A.2.1. Strategy: ADULT PROTECTIVE SERVICES	\$ 23,268,991	\$ 22,560,026
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Provide a comprehensive and consistent system of intake and investigation of reports of abuse, neglect, and exploitation of vulnerable adults and provide services to alleviate and prevent the recurrence of cases of maltreatment.

Outputs:

Number of APS Investigations	59,035	69,956
Number of Elderly and People With Disabilities Confirmed by PRS to Have Been Mistreated	46,981	55,684
Average Number of APS Clients Receiving Services per Month	3,186	3,724

Efficiencies:

Average Cost per APS Investigation	102.68	83.76
Average APS Caseload per Community Worker	49	58

A.2.2. Strategy: MHMR INVESTIGATIONS	\$ 2,864,487	\$ 2,864,487
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Provide a comprehensive and consistent system for the intake and investigation of reports of abuse/neglect in MHMR facilities and the entities they regulate

Outputs:

Number of Investigations in MHMR Facilities and Outreach Programs	5,190	5,190
Annual Number of Investigations in Community Centers Reviewed by Staff	663	663
Number of People in Confirmed Cases of Abuse/Neglect in Facilities	1,916	1,916

Efficiencies:

Average Cost per Investigation in State Facility	552	552
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A.3.1. Strategy: CHILD CARE REGULATION	\$ 14,643,766	\$ 14,643,766
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Provide a comprehensive system of consultation, licensure, and regulation which ensures the maintenance of minimum standards by facilities that provide out-of-home care for children, day care and residential care agencies that place children in foster care, residential care, and adoption; and, administrators of residential childcare facilities.

Outputs:

Number of New Licenses, Certifications, and Registrations Issued	4,670	4,670
Number of Licensed Facilities	9,460	9,460
Number of Registered Family Homes (RFH)	13,208	13,208
Number of Residential Child Care Facilities	7,638	7,638
Number of Child Care Facility Inspections	35,430	35,430

Efficiencies:

Average Cost per Investigation	305	305
Average Cost per Inspection	242.57	242.57

A.4.1. Strategy: AUTOMATION INITIATIVE	<u>\$ 13,332,050</u>	<u>\$ 7,142,152</u>
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Plan, design, develop, and implement a comprehensive automated system to support delivery of protective services.

DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES
(Continued)

Outputs:		
Number of Direct Service Delivery Staff Trained	5,254	1,200
Number of Workstations	6,384	6,384
Total, Goal A: PROTECTIVE SERVICES	\$ 496,368,409	\$ 508,211,363
B. Goal: INDIRECT ADMINISTRATION		
B.1.1. Strategy: CENTRAL ADMINISTRATION	\$ 4,541,721	\$ 4,541,721
B.1.2. Strategy: INFORMATION RESOURCES	\$ 11,193,625	\$ 11,193,625
B.1.3. Strategy: OTHER SUPPORT SERVICES	\$ 5,222,397	\$ 5,222,397
B.1.4. Strategy: REGIONAL ADMINISTRATION	\$ 6,307,433	\$ 6,307,433
Total, Goal B: INDIRECT ADMINISTRATION	\$ 27,265,176	\$ 27,265,176
Grand Total, DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES	\$ 523,633,585	\$ 535,476,539
Method of Financing:		
General Revenue Fund	\$ 149,292,294	\$ 153,237,844
Medical Assistance Payments from General Revenue	49,427,251	52,686,025
Subtotal, General Revenue Fund	\$ 198,719,545	\$ 205,923,869
Earned Federal Funds, estimated	10,999,294	9,000,706
Subtotal, General Revenue Consolidated	\$ 10,999,294	\$ 9,000,706
Federal Funds, estimated	312,084,419	318,721,193
Appropriated Receipts	1,639,372	1,639,811
Interagency Contracts	190,955	190,960
Subtotal, Other Funds	\$ 1,830,327	\$ 1,830,771
Total, Method of Financing	\$ 523,633,585	\$ 535,476,539
Number of Positions (FTE)	6,598.0	6,365.0
Schedule of Exempt Positions		
Executive Director, Group 4	\$84,975	\$84,975

1. **Substitute Care Permanency Goal.** In order to comply with P.L. 96-272, it is the intent of the Legislature that the Department of Protective and Regulatory Services actively seek permanent homes for the children who are in the department's substitute care program for long periods. To this end, the department shall seek to limit the number of children under the department's responsibility who are in substitute care for a period longer than 24 months.

DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES
(Continued)

For fiscal years 1996-97, the goal for such children is forty-five percent (45%) of the total number of children in the department's substitute care program at any time during the year.

Further, it is the intent of the Legislature that whenever possible, the department shall utilize state and/or federal funds currently being expended for substitute care to cover the cost of assuring permanent homes where appropriate for foster children.

2. **Appropriation of Fees: Child Care Administrators Licensure.** All fees collected by the department in its examination and/or licensure of administrators of child-care institutions, as prescribed by Chapter 43, Human Resources Code, as amended, shall be retained by the department to partially offset the state cost of the operation of these functions and are hereby appropriated to the department.
3. **Limitation on Expenditures for Conservatorship Suits.** To the extent allowed by federal regulation, federal funds may be used by the department in conjunction with funds provided by counties with which the department has child welfare contracts, to pay for legal representation for children or their parents in suits in which the department is seeking to be named conservator. No general revenue funds appropriated to the department may be used to make such payments.
4. **Attorney General Representation.** The Attorney General and the Department of Protective and Regulatory Services are authorized to jointly select one or more Assistant Attorneys General to be assigned to the department for the purpose of assisting with the legal work of the department and, more particularly, of representing the department in lawsuits. The Assistant Attorneys' General salaries shall be in the amounts to be agreed upon between the Attorney General and the department. Out of the appropriation made above, the department shall pay the Attorney General not less than \$168,000 in FY 1996 and \$168,000 in FY 1997 for said salaries, travel and other incidental expenses and the salary and expenses of the required clerical staff to prosecute parental rights termination cases. This provision is a specific exception to provisions of this Act which prohibit interagency contracts with the Attorney General for legal services.
5. **Title XX Fund Reduction.** In the event of a reduction in federal Title XX (Social Services Block Grant) funding, the department should attempt to maintain the affected programs as near to the appropriated levels as possible through use of the department's transfer authority or the allocation of any other available funds. If maintenance of the appropriated levels is not feasible, the department shall reduce all affected programs in proportion to the total amounts appropriated above.
6. **Reappropriation of Federal and Local Funds.** All funds received by the department from counties, cities, and/or federal agencies and from any other local source and all balances from such sources as of August 31, 1995, are hereby appropriated for the biennium ending August 31, 1997, for the purpose of carrying out the provisions of this Act.
7. **Accounting of Support Costs.** The State Comptroller shall establish separate accounts from which certain support costs shall be paid. The Department of Protective and Regulatory Services is hereby authorized to make transfers into separate accounts from line item strategies in order to pay for these expenses in an efficient and effective manner. Only costs not directly attributable to a single program may be budgeted in or paid from these accounts. Items to be budgeted in and paid from these accounts include but are not limited to: postage, occupancy costs, equipment repair, telephones, office printing costs, supplies, freight and transport costs, telephone system costs, and salary and travel costs of staff whose function supports several programs. The department shall be responsible for monthly allocations of these costs to the original strategies.

DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES
(Continued)

8. **Appropriation of Receipts: Civil Monetary Damages and Penalties.** Out of funds collected by the department as civil monetary damages and penalties under Human Resources Code Section 32.039, there are appropriated to the department amounts equal to the costs of the investigation and collection proceedings conducted under that section, and any amounts collected as reimbursement for claims paid by the department.
9. **Tertiary Prevention of Child Abuse Programs.** From the amounts appropriated above in Strategy A.1.2., Child and Family Services, the department shall allocate not less than \$1 million each fiscal year of the biennium for family outreach programs and not less than \$115,000 each fiscal year of the biennium for continuation of a statewide network of community-based, volunteer-driven programs for prevention, intervention, and aftercare services for abused children.
10. **Board Members' Per Diem.** Out of the funds appropriated above the Department of Protective and Regulatory Services is hereby authorized to pay board members in accordance with provisions of the General Provisions of this Act.
11. **Administrative Reduction and Limitation on Transfer Authority.** Expenditures in Goal B, Indirect Administration, shall not exceed \$27,265,176 during either year of the 1996-97 biennium. The department may transfer among and between strategies B.1.1., Central Administration, B.1.2., Information Resources, and B.1.3., Other Support Services, to accomplish this objective. No funds appropriated to the department by this Act, including federal funds, may be transferred into Goal B.
12. **Contingency Appropriation - Information Resource Technologies.**
 - a. The expenditure of funds for information resource technologies, in the 1996-97 biennium, is contingent upon prior approval on a quarterly basis by a review team comprised of the Legislative Budget Board, Department of Information Resources, State Auditor's Office, and Health and Human Services Commission.
 - b. Approval of expenditures shall be based on the Department of Protective and Regulatory Services successfully demonstrating to the review team that the department has met quarterly milestones identified in agency plans for information resource operations and projects. The review team shall define the information and actions required of the agency. The department shall provide quarterly reports to the review team in a format and content specified by the review team.
 - c. The department shall reimburse the Department of Information Resources for any and all costs incurred by the review team. Reimbursement shall be made only from strategies B.1.1, Central Administration, B.1.2., Information Resources, and B.1.3., Other Support Services.
13. **Interlocal Cooperation.** Notwithstanding any other provision in this act and out of the amount appropriated above, it is the intent of the Legislature that the Department of Protective and Regulatory Services enter into a contract with the Office of the Attorney General in an amount not less than \$150,000 for an Interlocal Cooperation Act agreement for law enforcement purposes.
14. **Foster Care Rates.** It is the intent of the Legislature that the Department of Protective and Regulatory Services not reduce foster care rates during the 1996-97 biennium. The department may transfer funds into Strategy A.1.5., Substitute Care Payments, for the purpose of maintaining foster care rates. The department may not transfer funds out of Strategy A.1.5., Substitute Care Payments.

DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES
(Continued)

15. **Foster Care Rate Review.** The department shall examine the reimbursement methodology for foster care payments and determine the extent to which the methodology and the rates established under the methodology cover the median cost of allowable services. The department shall report its findings to the Health and Human Services Commission, the Legislative Budget Board, and the Governor's Office of Budget and Planning.
16. **Fund Transfers for Funds Consolidation.** For the purpose of funds consolidation, federal and other funds may be transferred into the General Revenue Fund from Department of Protective and Regulatory Services Fund 37. The initial deposit of federal funds shall be made into Fund 37 and no direct expenditures shall be made from this fund.
17. **Reimbursement of Advisory Committees.** Pursuant to V.T.C.S. Article 6252-33, reimbursement of expenses for advisory committee members, out of funds appropriated above, is limited to the following advisory committee: Texas Multidisciplinary Task Force on Children's Justice.
18. **Gang Activity Prevention.** Out of the funds appropriated above in Strategy A.1.6., Alternative Services, the Department of Protective and Regulatory Services shall continue to fund those providers that are funded in FY 1995 under the gang activity prevention demonstration project.
19. **Child Advocacy Centers.** Out of the funds appropriated above in Strategy A.1.3., Purchased Service System, the Department of Protective and Regulatory Services shall reserve a maximum of \$1.5 million to match local contributions of up to \$1.5 million on a dollar-for-dollar basis as an incentive to establish 15 new community child advocacy centers. Matching funds of no more than \$50,000 may be offered any one center in each of FY 1996 and FY 1997. These funds may not be offered to child advocacy centers existing prior to March 27, 1995.
20. **Appropriation of Earned Federal Funds.** Any balances remaining as of August 31, 1995 plus any revenues received during the biennium beginning September 1, 1995 identified as earned federal funds are hereby appropriated to the Department of Protective and Regulatory Services.

The authority to receive and expend earned federal fund balances in excess of those appropriated above is subject to the following limitations:

 - a) At least 14 days prior to any use of any earned federal funds or a meeting of the Board of Protective and Regulatory Services to adopt any program expansion, the department shall report the earned federal funds received and provide documentation of the proposed use of these funds to the Legislative Budget Board, Governor's Office of Budget and Planning, and Health and Human Services Commission.
 - b) Notifications shall include information regarding the need which will be served with the additional revenue. In the event program expansions are under consideration, information shall be forwarded regarding the population to be served; criteria for eligibility; and impact upon existing programs.
 - c) The report shall include the information detailed in "b" and identify the impact on established performance targets, measures, and full-time equivalent positions.
21. **Foster Care Outreach.** Out of the funds appropriated above for the Purchased Service System (Strategy A.1.3.), the Department of Protective and Regulatory Services shall contract with community-based organizations for the recruitment of minority families to provide foster

DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES (Continued)

care through the establishment of two new foster care outreach programs to be located in one urban and one rural community.

22. **Implementation of Senate Bill 1226.** Out of funds appropriated above, \$100,000 in 1996 and \$0 in 1997 shall be allocated for the implementation of Senate Bill 1226, if such Act should become law.
23. **Community Youth Development Grants.** Out of the funds appropriated above in Strategy A.1.6., Alternative Services, the Department of Protective and Regulatory Services shall allocate not less than \$2,625,000 in earned federal funds for community youth development grants targeting youth who are at high risk of entering the juvenile justice system based on the demographics of the population in the juvenile justice system. The department shall create an interagency steering committee to approve guidelines and oversee the grant program. It is the intent of the Legislature that the department continue to adapt the Services to Runaways and At Risk Youth (STAR) program to meet the needs of high risk youth.

REHABILITATION COMMISSION

	For the Years Ending August 31, 1996	August 31, 1997
A. Goal: SERVICE DELIVERY SYSTEM		
Provide an integrated system of service delivery options which promotes consumer choice in the delivery of services leading to employment of choice, living as independently as possible, and accessing high quality services.		
Outcomes:		
Percent of Eligible People With Disabilities Placed in Competitive Employment or Other Appropriate Settings Who Are Served by Vocational Rehabilitation Services	60%	60%
Percent of Employed Rehabilitants Earning at Least Minimum Wage	88.1%	88.1%
Percent of People With Disabilities in Need of Vocational Rehabilitation Services Receiving Services	9.6%	9.6%
Percent of Population Provided Extended Rehabilitation Services Whose Salary Equals or Exceeds the Minimum Wage as Established by the Department of Labor	46.4%	46.4%
Percent of Population With Disabilities Maintaining Employment due to Personal Attendant Services	.2%	.2%
Percent of People in Need of Independent Living Services Receiving Services	.7%	.7%
Percent of Counties Served by Independent Living Services	8.3%	8.3%
Percent of Eligible People With Disabilities in Need of Comprehensive Rehabilitation Services Receiving Services	5.1%	4.9%
Percent of Eligible People who are Deaf-Blind Multihandicapped in Need of Services Receiving Services	4.5%	4.5%
Percent of TRC Vocational Rehabilitation Client Population Receiving TRC Services More Than Once	3.1%	3.1%
A.1.1. Strategy: VOCATIONAL REHABILITATION	\$ 135,757,311	\$ 147,648,700
Rehabilitate and place people with disabilities in competitive employment or other appropriate settings consistent with consumer choice and abilities.		

REHABILITATION COMMISSION

(Continued)

Outputs:

Number of Eligible Clients Provided Vocational Rehabilitation Services	92,927	97,923
Number of Eligible Clients Rehabilitated and Employed	20,810	21,427

Efficiencies:

Cost per Client Rehabilitated and Employed	6,523	6,890
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A.2.1. Strategy: EXTENDED REHABILITATION \$ 3,902,185 \$ 3,902,185

Provide Extended Rehabilitation Services (ERS) which emphasizes community integrated employment and strive to expand employment opportunities for Texans with disabilities who need ongoing support to obtain and maintain employment offering competitive wages and benefits consistent with consumer choice.

Outputs:

Number of ERS Clients Working in Community Integrated Employment	685	685
Number of ERS Clients Working in Sheltered Employment	625	625
Average Hourly Wage of People Placed in Jobs Through Extended Rehabilitation Services	2.96	2.96

Efficiencies:

Average Cost per Community Integrated Job	3,171	3,171
Average Cost per Sheltered Job	3,171	3,171

A.2.2. Strategy: PERSONAL ATTENDANT \$ 1,100,000 \$ 1,400,000

Provide consumer-driven personal attendant services to support people with disabilities in competitive employment statewide.

Outputs:

Number of People Receiving Personal Attendant Services	136	174
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Efficiencies:

Cost per Person Receiving Personal Attendant Services	7,575	7,575
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A.3.1. Strategy: INDEPENDENT LIVING CENTERS \$ 1,556,839 \$ 1,556,839

TRC will work with independent living centers and the State Independent Living Council (SILC) to establish the centers as financially and programmatically independent from TRC and financially and programmatically accountable for achieving independent living outcomes with their clients.

Outputs:

Number of People Receiving Services From Independent Living Centers	3,068	3,068
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Efficiencies:

Cost per Person Served by Independent Living Centers	507	507
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A.3.2. Strategy: INDEPENDENT LIVING SERVICES \$ 2,405,522 \$ 2,417,876

Provide consumer-directed and counselor-supported independent living services to people with severe disabilities statewide.

Outputs:

Number of People Receiving Independent Living Services	1,513	1,513
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Efficiencies:

Cost per Person Receiving Independent Living Services	1,668	1,668
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A.3.3. Strategy: TRAUMATIC REHABILITATION \$ 8,128,910 \$ 8,128,910

REHABILITATION COMMISSION

(Continued)

Provide consumer-driven and counselor-supported comprehensive rehabilitation services for people with traumatic brain injuries or spinal cord injuries.

Outputs:

People Receiving Comprehensive Rehabilitation Services 417 402

Efficiencies:

Cost per CRS Client 19,366 20,102

A.3.4. Strategy: DEAF-BLIND SERVICES

\$ 1,996,540 \$ 2,296,540

Provide an array of consumer-driven services to people who are deaf-blind multihandicapped so that they can live as independently as possible and expand parent/family training efforts.

Outputs:

Number of Persons Receiving Individualized Residential Services 71 81

Efficiencies:

Cost per Deaf-Blind Multihandicapped Client Served 29,112 29,112

A.4.1. Strategy: TRANSITIONAL PLANNING

\$ 406,905 \$ 406,905

Provide a transition planning program for students with disabilities.

Outputs:

Number of Students Receiving Transition Planning Services 524 524

Efficiencies:

Cost per Student Served 573 573

Total, Goal A: SERVICE DELIVERY SYSTEM

\$ 155,254,212 \$ 167,757,955

B. Goal: DISABILITY DETERMINATION

Enhance service to persons with disabilities by achieving accuracy and timeliness within the Social Security Administration disability program guidelines and improve the cost-effectiveness of the decision-making process in the Disability Determination Services.

Outcomes:

Mean Processing Time as Measured by the Statistical Reporting System 105 105

B.1.1. Strategy: DISABILITY DETERMINATION

\$ 56,428,515 \$ 56,425,515

Enhance cost-effective methods in administering disability determination services

Outputs:

Number of Cases Determined 222,000 222,000

Efficiencies:

Cost per Case Determination 276 278

C. Goal: PROGRAM INITIATIVES

Strengthen the continuum of direct service programs with legislative and strategic initiatives which promote innovation in meeting the needs of Texans with disabilities and emphasize effective interaction with consumers and advocates.

Outcomes:

Percent of Total DD Plan Activities Initiated 85% 85%

C.1.1. Strategy: PROMOTION SERVICES

\$ 3,588,662 \$ 3,588,662

REHABILITATION COMMISSION
(Continued)

Promote the independence, productivity, and integration of people with developmental disabilities in Texas.

Outputs:

Number of State Plan Activities Initiated

45

45

D. Goal: INDIRECT ADMINISTRATION

D.1.1. Strategy: CENTRAL ADMINISTRATION

\$ 8,182,707 \$ 8,182,708

D.1.2. Strategy: INFORMATION RESOURCES

\$ 5,048,903 \$ 5,048,903

D.1.3. Strategy: OTHER SUPPORT SERVICES

\$ 4,178,405 \$ 4,178,405

Total, Goal D: INDIRECT ADMINISTRATION

\$ 17,410,015 \$ 17,410,016

Grand Total, REHABILITATION COMMISSION

\$ 232,681,404 \$ 245,182,148

Method of Financing:

General Revenue Fund

\$ 41,702,755 \$ 44,718,487

General Revenue Fund - Consolidated

8,773,081 8,773,081

Federal Funds

181,665,568 191,150,580

Interagency Contracts

540,000 540,000

Total, Method of Financing

\$ 232,681,404 \$ 245,182,148

Number of Positions (FTE)

2,497.5

2,497.5

Schedule of Exempt Positions and Per Diem of Commission Members

Commissioner, Group 4

\$84,975

\$84,975

Per Diem of Commission Members

4,960

4,960

1. **Capital Budget.** None of the funds appropriated above may be expended for capital budget items except as listed below. The amounts shown below shall be expended only for the purposes shown and are not available for expenditure for other purposes. Amounts appropriated above and identified in this provision as appropriations either for "Lease payments to the Master Equipment Lease Purchase Program" or for items with an "(MELPP)" notation shall be expended only for the purpose of making lease-purchase payments to the Texas Public Finance Authority pursuant to the provisions of V.T.C.S., Art. 601d, Sec. 9A.

1996

1997

Out of Federal Funds:

a. Acquisition of Information Resource Technologies

(1) Disability Determination Services

Workstations

\$ 500,000

\$ U.B.

(2) Current Mainframe and Existing

Operations

3,081,000

3,205,000

REHABILITATION COMMISSION (Continued)

(3) Open Systems	200,000	U.B.
(4) Growth and Expansion	\$ 499,500	\$ 538,500
Total, Capital Budget	<u>\$ 4,280,500</u>	<u>\$ 3,743,500</u>

2. **Deaf-Blind Services.** It is the intent of the Legislature that residential services provided in facilities from appropriations for Deaf-Blind Multi-handicapped Services, access additional federal funding through the conversion to Intermediate Care Facilities for the Mentally Retarded under the state's long term care bed plan, or through the development of services under one of the state's medicaid waiver programs. Savings from the conversion of facilities are to be used to initiate new residential facilities or alternatives to serve deaf-blind individuals.

It is also the intent of the Legislature that the Texas Rehabilitation Commission, the Texas Department of Mental Health and Mental Retardation, the Health and Human Services Commission, and the Texas Department of Human Services take all steps necessary to maximize the amount of medical assistance paid on behalf of residents of Deaf-Blind Multi-handicapped Strategy group homes, including exemption of these homes from the Intermediate Care Facilities bed planning priorities and the related 1/2 mile proximity rule.

3. **Reimbursement of Advisory Committee Members.** Pursuant to V.T.C.S. Article 6252-33, reimbursement of expenses for Advisory Committee Members, out of funds appropriated above, is limited to the following advisory committees: State Independent Living Council, Texas Rehabilitation Advisory Council, Planning Council for Developmental Disabilities, Medical Consultation Committee, Deaf-Blind Advisory Committee, Comprehensive Rehabilitation Advisory Committee, Community Rehabilitation Advisory Committee, and Regional Consumer Advisory Committee.
4. **Appropriation Limited to Revenue Collections.** It is the intent of the Legislature that fees, fines, and miscellaneous revenues as authorized and generated by the agency cover, at a minimum, the cost of the appropriations made for Traumatic Rehabilitation including any other direct operating costs and employee matching costs. In the event that actual and/or projected revenue collections are insufficient to offset agency costs, the Legislative Budget Board may direct that the Comptroller of Public Accounts reduce the appropriation authority provided above to be within the amount of revenue expected to be available.

Retirement and Group Insurance

	For the Years Ending August 31, 1996	August 31, 1997
A. Goal: EMPLOYEES RETIREMENT SYSTEM		
A.1.1. Strategy: RETIREMENT CONTRIBUTIONS	\$ 86,667,633	\$ 89,267,662
Provide an actuarially sound level of funding as defined by state law; estimated		

Retirement and Group Insurance (Continued)

A.1.2. Strategy: GROUP INSURANCE	\$ 193,415,965	\$ 193,552,814
Provide a basic health care and life insurance program for general state employees; estimated		
Total, Goal A: EMPLOYEES RETIREMENT SYSTEM	<u>\$ 280,083,598</u>	<u>\$ 282,820,476</u>
Grand Total, RETIREMENT AND GROUP INSURANCE	<u>\$ 280,083,598</u>	<u>\$ 282,820,476</u>
Method of Financing:		
General Revenue Fund, estimated	\$ 162,611,479	\$ 165,915,266
General Revenue Fund - Consolidated, estimated	931,789	943,969
General Revenue Fund - Dedicated, estimated	84,128	85,190
Federal Funds, estimated	<u>116,456,202</u>	<u>115,876,051</u>
Total, Method of Financing	<u>\$ 280,083,598</u>	<u>\$ 282,820,476</u>

Social Security

	For the Years Ending August 31, 1996	August 31, 1997
A. Goal: COMPTROLLER - SOCIAL SECURITY		
A.1.1. Strategy: STATE MATCH -- EMPLOYER	\$ 100,735,956	\$ 103,758,034
Provide an employer match for Social Security contributions; estimated		
A.1.2. Strategy: STATE MATCH -- EMPLOYEE	<u>\$ 53,946,991</u>	<u>\$ 53,698,143</u>
Provide the state's contribution for the employee's share for Social Security; estimated		
Total, Goal A: COMPTROLLER - SOCIAL SECURITY	<u>\$ 154,682,947</u>	<u>\$ 157,456,177</u>
Grand Total, SOCIAL SECURITY	<u>\$ 154,682,947</u>	<u>\$ 157,456,177</u>
Method of Financing:		
General Revenue Fund, estimated	\$ 108,390,647	\$ 111,397,931
General Revenue Fund - Consolidated, estimated	48,838	49,859
General Revenue Fund - Dedicated, estimated	61,705	62,964
Federal Funds, estimated	<u>46,181,757</u>	<u>45,945,423</u>
Total, Method of Financing	<u>\$ 154,682,947</u>	<u>\$ 157,456,177</u>

Bond Debt Service Payments

	For the Years Ending	
	August 31, 1996	August 31, 1997
Out of the General Revenue Fund:		
A. Goal: FINANCE CAPITAL PROJECTS		
To provide funding to the Texas Public Finance Authority for the payment of general obligation bond debt service requirements.		
A.1.1. Strategy: BOND DEBT SERVICE	\$ 14,146,738	\$ 16,047,925
Make general obligation bond debt service payments in compliance with bond covenants.		& U.B.
Grand Total, BOND DEBT SERVICE PAYMENTS	<u>\$ 14,146,738</u>	<u>\$ 16,047,925</u>

Lease Payments

	For the Years Ending	
	August 31, 1996	August 31, 1997
Out of the General Revenue Fund:		
A. Goal: FINANCE CAPITAL PROJECTS		
To provide funding to the General Services Commission for payment to Texas Public Finance Authority for the payment of revenue bond debt service requirements.		
A.1.1. Strategy: LEASE PAYMENTS	\$ 4,975,638	\$ 5,639,642
Make lease payments to the Texas Public Finance Authority on facilities financed through the Texas Public Finance Authority.		
Grand Total, LEASE PAYMENTS	<u>\$ 4,975,638</u>	<u>\$ 5,639,642</u>

SPECIAL PROVISIONS RELATING TO ALL HEALTH AND HUMAN SERVICES AGENCIES

Sec. 2. **Special Provisions.** The following special provisions, unless otherwise specified, shall apply all health and human service agencies covered by this article.

1. **Night Shift Differential.** The Department of Mental Health and Mental Retardation and the Department of Health are authorized to pay an additional night shift salary differential not to exceed 10 percent of the monthly pay rate to personnel who work the 3 p.m. to 11 p.m. or the 11 p.m. to 7 a.m. shift or its equivalent.
2. **Services to Employees.** Out of the appropriations authorized, the Department of Mental Health and Mental Retardation and Department of Health may provide treatment and hospitalization, at the facilities under their direction, of employees injured in the performance of their duties and may reimburse employees in an amount not to exceed \$500 per incident per employee for damage to eyeglasses, hearing aids, false teeth, and other prosthetic devices caused by agency clients.
3. **Charges to Employees and Guests.** Collections for services rendered employees and guests shall be made by a deduction from the recipient's salary or by cash payment in advance. Such deductions and other receipts for these services from employees and guests are hereby reappropriated to the facility. Refunds of excess collections shall be made from the appropriation to which the collection was deposited.
 - a. As compensation for services rendered, any facility under the jurisdiction of the respective governing boards may provide free meals for food service personnel and volunteer workers, and may furnish housing facilities, meals and laundry service in exchange for services rendered by interns, chaplains in training, and student nurses.
4. **Gifts, Donations, and Federal Grants.**
 - a. The state agencies covered by this section are authorized to accept gifts, donations, and federal grants for the programs and projects intended to improve the care and treatment of patients or students for which the agencies are responsible. Such gifts, donations, and grants are appropriated for the purposes for which they are made available, however, the respective agencies shall not incur any indebtedness which would necessitate a supplemental or additional appropriation nor deplete any of the funds appropriated to an amount which would necessitate a supplemental or additional appropriation.
 - b. In carrying out the wishes of the donor within the meaning of this subsection, the state agencies are authorized to enter into such contracts with any person, firm, corporation or governmental agency as may be necessary.
 - c. Any gifts, grants, or donations received pursuant to this subsection shall be expended only in accordance with the applicable provisions of this act, and subject to the restrictions stated herein.
5. **New or Additional Facilities.** No funds appropriated may be spent for constructing new or additional facilities or for the purchase of sites therefor, without specific authorization of the Legislature. All facilities shall be kept where they are located by the Legislature, and all new buildings to be constructed shall be on these sites unless otherwise specifically authorized by the Legislature. For the purpose of this subsection, specific authorization may be granted either by basic statute or special authorization in this act.
6. **Transfer of Fund Balances.** Any interest, payments on principal, or balances remaining as of August 31, 1995, in Fund No. 15, 16, 17, and 18 are to be transferred by the State

**SPECIAL PROVISIONS RELATING
TO ALL HEALTH AND HUMAN SERVICES AGENCIES**
(Continued)

Comptroller and the State Treasurer to the General Revenue Fund either annually or semiannually.

7. **Revolving Petty Cash Funds.** Each facility under the Board of Health and Board of Mental Health and Mental Retardation may establish a petty cash fund to be maintained in cash or at a local bank. The petty cash fund, not to exceed \$25,000, shall be used only for making emergency payments and small purchases which will increase the efficiency of the operation; for payments to client workers on a regular payday basis; for use as change funds in specific locations where financial activities of the agency require a change fund, and for supplies and equipment purchases for sheltered workshops.
8. **Out-patient Clinics.**
 - a. Unless otherwise restricted, the Board of Health and Board of Mental Health and Mental Retardation shall charge for treatment and medication to patients treated on an out-patient basis at rates not to exceed the actual cost. An additional charge may be made for medication dispensed to patients at a rate not to exceed the cost to the State. Fee schedules for services and medications provided shall be reviewed on an annual basis. All fee schedules shall be based on the ability to pay on a sliding scale basis.
 - b. Unless otherwise restricted, proceeds from the sale of medications and from treatment are hereby reappropriated to the respective out-patient clinics or facilities.
9. **Data Processing Personnel.** The Department of Health, Department of Human Services, Department of Mental Health and Mental Retardation, and the Department of Protective and Regulatory Services may pay an evening or night shift salary differential not to exceed fifteen percent (15%) of the monthly pay rate to personnel in data processing operations who work the 3:00 p.m. to 11:00 p.m. shift or 11:00 p.m. to 7:00 a.m. shift, or their equivalents. A weekend shift salary differential not to exceed five percent (5%) of the monthly pay rate may be paid to persons who work weekend shifts. The evening or night shift salary differential may be paid in addition to the weekend shift salary differential for persons working weekend, evening or night shifts.
10. **Interagency Transfers.** As an exception to other provisions of this act, the commissioner of Health and Human Services, established in Art. 4413 (502), V.T.C.S., is authorized to transfer funds between the health and human services agencies which receive appropriations in this article and are listed in Art. 4413 (502), V.T.C.S. with prior approval of the Governor and the Legislative Budget Board. No one transfer action may exceed 5% of the total yearly appropriation amount of the agency from which funds are being transferred. The total amount of transfers made in any fiscal year may not exceed 5% of total appropriations made to the agencies affected by this provision. All transfers that are made shall be reported to the Governor's Budget Office, the Governor and the Legislative Budget Board and the Comptroller of Public Accounts.
11. **Approval of Transfers of Medicaid - Title XIX Funds.** As an exception to other provisions of this act, a transfer that exceeds \$1 million of Medicaid - Title XIX funds between strategies of an agency receiving appropriations in this article cannot be made without the prior approval of the commissioner of Health and Human Services established in Art. 4413 (502), V.T.C.S. The commissioner shall establish procedures that expedite the approval process. Within 14 days of the transfer, agencies are to submit a report to the Legislative Budget Board, Governor's Office of Budget and Planning, and the State Comptroller. The report shall include information regarding affected strategies; method of finance; performance measure changes; and full-time equivalent positions due to the transfer of Medicaid funding.

**SPECIAL PROVISIONS RELATING
TO ALL HEALTH AND HUMAN SERVICES AGENCIES**
(Continued)

12. **Annual Report - Professional Fee Exemption.** It is the intent of the Legislature that the Annual Report required by the General Provisions of this Act shall not include professional fees paid for routine or special examinations for the purpose of determining eligibility of individuals for any of the programs administered by the Health, Welfare and Rehabilitation agencies, professional fees for treatment, services or care for individual recipients, or for providing special needs or appliances for individual recipients, but shall include fees for professional services or consultative services rendered for the general administration of the department.
13. **Disposition of State Funds Available Resulting from Federal Match Ratio Change.** In the event the Federal Medical Assistance Percentage should be greater than 61.84 percent for federal fiscal year 1997, the following departments shall be authorized to expend the state funds thereby made available only to the extent authorized in writing by the Legislative Budget Board: Department of Health; Department of Human Services; Department of Mental Health and Mental Retardation; and Department of Protective and Regulatory Services. A copy of such authorization shall be provided to the Comptroller of Public Accounts to assist in monitoring compliance with this provision.
14. **Costs Related to Co-location of Services and to Inter-agency Sharing of Support Functions and Services.** To provide an efficient and effective method of paying common support costs related to co-location of human services as required pursuant to the provision of V.T.C.S., Art., 4413(505), Sec. 3.08, and/or costs of performing support functions for multiple agencies, funds may be transferred between agencies for payment of such costs and agencies are authorized to deposit those funds into separate accounts for the purpose of paying shared costs including, but not limited to, postage, occupancy costs, equipment repair, telephones and telephone system costs, office printing costs, supplies, freight and transport costs, EDP systems, or other business functions. Each agency shall be responsible for monthly allocations of these costs to the original strategies.
15. **Contracts for Purchase of Client Services.** No funds appropriated to an agency may be utilized for contracts for the purchase of program-related client services unless:
 - a. such contracts include clearly defined goals, outputs, and measurable outcomes which directly relate to program objectives;
 - b. such contracts include clearly defined sanctions or penalties for noncompliance with contract terms and conditions;
 - c. such contracts specify the accounting, reporting, and auditing requirements applicable to funds received under the contract;
 - d. the agency has implemented a formal program using a risk assessment methodology to monitor compliance with financial and performance requirements under the contract, including a determination of whether performance objectives have been achieved; and
 - e. the agency has implemented a formal program to obtain and evaluate program costs information to ensure that all costs, including administrative costs, are reasonable and necessary to achieve program objectives.
16. **Health and Human Service Agencies Progress Towards Co-location.** It is the intent of the Legislature that agencies under the jurisdiction of the Health and Human Services Commission are to make significant progress towards co-location and cooperation on relevant financial, service delivery, and administrative matters. As leases on office space expire the Health and Human Services Commission shall determine the feasibility of co-locating the agency or office

**SPECIAL PROVISIONS RELATING
TO ALL HEALTH AND HUMAN SERVICES AGENCIES**
(Continued)

with other health and human services agency offices to enable the commission to achieve a cost-effective one-stop or service center method of health and human service delivery. Additionally, the State Purchasing and General Services Commission may not lease office space to service the needs of any health and human services agency unless the Health and Human Services Commission has approved the space for the agency. Agencies subject to the provisions of this rider are: Department of Aging, Commission on Alcohol and Drug Abuse, Commission for the Blind, Commission for the Deaf and hearing Impaired, Early Childhood Intervention, Department of Health, Department of Human Services, Juvenile Probation Commission, Department of Mental Health and Mental Retardation, Rehabilitation Commission, and Department of Protective and Regulatory Services. The Health and Human Services Commission shall report on the progress of co-location to the Governor, Lieutenant Governor, Speaker of the House and Members of the Seventy-fifth Legislature not later than December 1, 1996.

17. **Rates for Residential Placements.** None of the funds appropriated to the various state agencies for residential placements of clients shall be expended by the agencies unless the rates paid for residential placements do not exceed the maximum amount for each level of care recommended by the Health and Human Services Commission.

State agencies contracting directly with private residential care providers shall use a standard application form and shall require each contractor to submit cost reports according to procedures specified by the Commission. State agencies providing funds with which local units of government purchase residential services for children shall encourage use of the standard application form and cost report.

The State Auditor's Office shall review, on a biennial basis, the actual rates negotiated and paid by each agency for the provision of residential placements. The Auditor's review shall assess the extent to which each respective agency negotiated the most cost effective rate possible based on the demand for the respective service in the area.

**RECAPITULATION - ARTICLE II
HEALTH AND HUMAN SERVICES
(General Revenue)**

	For the Years Ending	
	August 31, 1996	August 31, 1997
Aging, Department on	\$ 6,854,445	\$ 6,854,445
Rider Appropriations	<u>15,000</u>	<u>15,000</u>
Total	<u>6,869,445</u>	<u>6,869,445</u>
Alcohol and Drug Abuse, Commission on	27,457,445	27,457,265
Blind, Commission for the	8,466,812	8,702,672
Cancer Council	4,073,275	4,073,275
Children's Trust Fund of Texas Council		
Deaf and Hearing Impaired, Commission for the	788,804	788,654
Early Childhood Intervention, Interagency Council on	19,095,223	19,095,224
Health, Department of	2,263,094,370	2,461,122,003
Health and Human Services Commission	2,437,400	2,432,880
Human Services, Department of	1,260,845,985	1,268,643,906
Contingency Appropriations	<u>300,000</u>	<u>300,000</u>
Total	<u>1,261,145,985</u>	<u>1,268,943,906</u>
Mental Health and Mental Retardation, Department of	948,309,277	960,198,829
Protective and Regulatory Services, Department of	198,719,545	205,923,869
Rehabilitation Commission	<u>41,702,755</u>	<u>44,718,487</u>
Subtotal, Health and Human Services	<u>\$ 4,782,160,336</u>	<u>\$ 5,010,326,509</u>
Retirement and Group Insurance	162,611,479	165,915,266
Social Security	<u>108,390,647</u>	<u>111,397,931</u>
Subtotal, Employee Benefits	<u>\$ 271,002,126</u>	<u>\$ 277,313,197</u>
Bond Debt Service Payments	14,146,738	16,047,925
Lease Payments	<u>4,975,638</u>	<u>5,639,642</u>
Subtotal, Debt Service	<u>\$ 19,122,376</u>	<u>\$ 21,687,567</u>
TOTAL, ARTICLE II - Health and Human Services	<u>\$ 5,072,284,838</u>	<u>\$ 5,309,327,273</u>

**RECAPITULATION - ARTICLE II
HEALTH AND HUMAN SERVICES
(General Revenue - Consolidated)**

	For the Years Ending	
	August 31, 1996	August 31, 1997
Aging, Department on	\$ 80,000	\$ 80,000
Alcohol and Drug Abuse, Commission on	1,525,699	1,525,698
Blind, Commission for the	1,510,000	1,515,000
Cancer Council		
Children's Trust Fund of Texas Council		
Deaf and Hearing Impaired, Commission for the		
Early Childhood Intervention, Interagency Council on		
Health, Department of	111,942,352	90,572,079
Health and Human Services Commission	705,264	705,264
Human Services, Department of	1,194,425	1,536,527
Mental Health and Mental Retardation, Department of		
Protective and Regulatory Services, Department of	10,999,294	9,000,706
Rehabilitation Commission	<u>8,773,081</u>	<u>8,773,081</u>
Subtotal, Health and Human Services	<u>\$ 136,730,115</u>	<u>\$ 113,708,355</u>
Retirement and Group Insurance	931,789	943,969
Social Security	<u>48,838</u>	<u>49,859</u>
Subtotal, Employee Benefits	<u>\$ 980,627</u>	<u>\$ 993,828</u>
Bond Debt Service Payments		
Lease Payments		
Subtotal, Debt Service	<u>\$</u>	<u>\$</u>
TOTAL, ARTICLE II - Health and Human Services	<u>\$ 137,710,742</u>	<u>\$ 114,702,183</u>

**RECAPITULATION - ARTICLE II
HEALTH AND HUMAN SERVICES
(Federal Funds)**

	For the Years Ending August 31, 1996	August 31, 1997
Aging, Department on	\$ 58,075,346	\$ 58,312,845
Alcohol and Drug Abuse, Commission on	100,193,581	100,131,950
Blind, Commission for the	31,305,883	32,061,534
Cancer Council		
Children's Trust Fund of Texas Council	475,107	430,000
Deaf and Hearing Impaired, Commission for the		
Early Childhood Intervention, Interagency Council on	29,326,711	35,552,073
Health, Department of	4,142,427,423	4,391,928,755
Health and Human Services Commission	625,327	625,327
Human Services, Department of	2,155,670,722	2,254,598,265
Mental Health and Mental Retardation, Department of	394,553,066	402,415,769
Protective and Regulatory Services, Department of	312,084,419	318,721,193
Rehabilitation Commission	<u>181,665,568</u>	<u>191,150,580</u>
Subtotal, Health and Human Services	<u>\$ 7,406,403,153</u>	<u>\$ 7,785,928,291</u>
Retirement and Group Insurance	116,456,202	115,876,051
Social Security	<u>46,181,757</u>	<u>45,945,423</u>
Subtotal, Employee Benefits	<u>\$ 162,637,959</u>	<u>\$ 161,821,474</u>
Bond Debt Service Payments		
Lease Payments	<u> </u>	<u> </u>
Subtotal, Debt Service	<u>\$</u>	<u>\$</u>
 TOTAL, ARTICLE II - Health and Human Services	 <u>\$ 7,569,041,112</u>	 <u>\$ 7,947,749,765</u>

**RECAPITULATION - ARTICLE II
HEALTH AND HUMAN SERVICES
(Other Funds)**

	For the Years Ending August 31, 1996	August 31, 1997
	<u>1996</u>	<u>1997</u>
Aging, Department on	\$	\$
Alcohol and Drug Abuse, Commission on	1,301,190	1,301,190
Blind, Commission for the	106,000	106,000
Cancer Council		
Children's Trust Fund of Texas Council	1,465,315	898,100
Deaf and Hearing Impaired, Commission for the	377,000	377,000
Early Childhood Intervention, Interagency Council on		
Health, Department of	33,604,589	33,653,138
Health and Human Services Commission	1,444,133	1,444,133
Human Services, Department of	22,886,666	18,185,431
Mental Health and Mental Retardation, Department of	89,201,348	60,148,346
Protective and Regulatory Services, Department of	1,830,327	1,830,771
Rehabilitation Commission	<u>540,000</u>	<u>540,000</u>
Subtotal, Health and Human Services	<u>\$ 152,756,568</u>	<u>\$ 118,484,109</u>
Retirement and Group Insurance	84,128	85,190
Social Security	<u>61,705</u>	<u>62,964</u>
Subtotal, Employee Benefits	<u>\$ 145,833</u>	<u>\$ 148,154</u>
Bond Debt Service Payments		
Lease Payments	<u> </u>	<u> </u>
Subtotal, Debt Service	<u>\$</u>	<u>\$</u>
TOTAL, ARTICLE II - Health and Human Services	<u>\$ 152,902,401</u>	<u>\$ 118,632,263</u>

**RECAPITULATION - ARTICLE II
HEALTH AND HUMAN SERVICES
(All Funds)**

	For the Years Ending	
	August 31, 1996	August 31, 1997
Aging, Department on	\$ 65,009,791	\$ 65,247,290
Rider Appropriations	<u>15,000</u>	<u>15,000</u>
Total	65,024,791	65,262,290
Alcohol and Drug Abuse, Commission on	130,477,915	130,416,103
Blind, Commission for the	41,388,695	42,385,206
Cancer Council	4,073,275	4,073,275
Children's Trust Fund of Texas Council	1,940,422	1,328,100
Deaf and Hearing Impaired, Commission for the	1,165,804	1,165,654
Early Childhood Intervention, Interagency Council on	48,421,934	54,647,297
Health, Department of	6,551,068,734	6,977,275,975
Health and Human Services Commission	5,212,124	5,207,604
Human Services, Department of	3,440,597,798	3,542,964,129
Contingency Appropriations	<u>300,000</u>	<u>300,000</u>
Total	3,440,897,798	3,543,264,129
Mental Health and Mental Retardation, Department of	1,432,063,691	1,422,762,944
Protective and Regulatory Services, Department of	523,633,585	535,476,539
Rehabilitation Commission	<u>232,681,404</u>	<u>245,182,148</u>
Subtotal, Health and Human Services	\$ 12,478,050,172	\$ 13,028,447,264
Retirement and Group Insurance	280,083,598	282,820,476
Social Security	<u>154,682,947</u>	<u>157,456,177</u>
Subtotal, Employee Benefits	\$ 434,766,545	\$ 440,276,653
Bond Debt Service Payments	14,146,738	16,047,925
Lease Payments	<u>4,975,638</u>	<u>5,639,642</u>
Subtotal, Debt Service	\$ 19,122,376	\$ 21,687,567
TOTAL, ARTICLE II - Health and Human Services	<u>\$ 12,931,939,093</u>	<u>\$ 13,490,411,484</u>
Number of Positions (FTE)	63,145.5	62,586.5